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ALLAHASSEE, PLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DSP CCC (Name of Lie	mited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managin	g Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Shaun Abraham (Name of Person)	
DSP LLC (Firm/Company)	JUG FEB 2
2679 Crystal Boach Rd	2006 FEB 23 PM 2: 22 ALLAHASSEE, FLORIDA
Winter Haven, Fe 3388 (City/State and Zip Code)	No Property 22
For further information concerning this matter, p	please call:
Shaun Abrahom (Name of Person)	at (813) 330 - 8370 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
 ☐ \$25 Filing Fee CR2F079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Jaims Joseph	_, hereby resign as	MGR		
		(Title)		
of DSP CCC				
(Limited Liabilit	y Company)			
a limited liability company organized under the law	s of the State of	Florida		
and affirm that the limited liability company has been notified in writing of the resignation.				
Il a				
(Signature of resigning manager, n	nanaging member o	r member)		

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ALLAHASSEE, FLORIDA