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SEGRETARY OF STATE
ALL AHASSEE FLORIDA

C. LEWIS

APR 27 2011

EXAMINER

COVER LETTER

Registration Section

TO:

CR2E079 (5/06)

Division of Corporations	·
SUBJECT: C+C Developme (Name of Limited Liability Com	ent, LLC
The enclosed member, managing member or manager resignifiling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
David Cabanzon (Contact Person)	-
(Firm/Company)	-
21059 SW. 90 PL (Address)	
Cutler Bay, FL 331 (City/State and Zip Code)	189
For further information concerning this matter, please call:	
David Cabanzon at (305 (Area Code	301-6991 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	€partment of State for: 55 Filing Fee & Certified Copy
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 Tallahassec, Florida 32314



2011 APR 25 PM 20 05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

						he Florida Department
of State is:	C4C	Deve	100	me	nt,	LLC.
<u></u>			-			·
2. This limited liab	ility company wa	as organized i	ınder th	ne laws of:		
	RIDA					
	N I D T					
2 Th. Ph.::4- 4			1. 1. 11 1	11 1. 11.		
3. The Florida docu			nis iinii	ited Habili	ty compan	y is:
L0600	200148	391	·			
11 David	J. Cabo	INZON	he	rehu recim	n ac a	MGR
4. I, David (Print N	ame of Person Resig	zning)		icoy icaig	11 as a	(Print Title)
of this limited liab	oility company a	nd affirm the	limited	liability c	omnany h	as been notified of my
resignation in wri						
	77//					
1/1/1						
						
Signature of Rest	gning Member, l	Managing Me	mber o	r Managei		
Filing Fee:	\$25.00 (Requ	ired)				
Certified Copy:	\$30.00 (Optio	•				