From: PHOENIX LAW PARTNERS

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239 461 0083

02/11/2008 14:37

#078 P.001/003

Division of Corporations

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Page 1 of 1

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(((H08000036087 3)))



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name Account Number: I20060000098

: CCDEV LEGAL CORP

Phone

(239) 333-2242

Fax Number

: (239)333-2244

## REGISTERED AGENT RESIGNATION

CC720, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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2/11/2008

From: PHOENIX LAW PARTNERS

239 461 0083 02/11/2008 14:38

#078 P.002/003

HU80000360813

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CC720, LLC  (Name of Limite DOCUMENT NUMBER: L06000046344	ed Liability Company)
The enclosed Resignation of Registered Agent for for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this a	matter to the following:
Holly Bower (Name of Person)	<del> </del>
Phoenix Law (Name of Firm/Company)	
12800 University Drive, Suite 260 (Address)	
Fort Myers, FL 33907 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Holly Bower at (Name of Person)	239 461-0101 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: PHOENIX LAW PARTNERS

239 461 0083

02/11/2008 14:38

#078 P.003/003

H080000360873

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(	2) or 608.509, Florida Statutes, the	undersigned,
Holly A. Bower,	Esq.	, hereb	y resigns as
	(Name of Registered Age		
Registered Agent for C	C720, LLC	·	
And the second s	(Name of Lin	nited Liability Company)	*
L06000046344			
(Document Number	r, if known)	<del></del>	
A copy of this resignation	n was mailed to the al	bove listed limited liability compar	ny at its last known address.
The agency is terminated	and the office discor	ntinued on the 31st day after the da	te on which this statement is filed.
	- Hae	(Signature of Resigning Agent)	
If signing on habolf of on		(Biginime of Nosigining Agent)	
If signing on behalf of an	entity.		
	т)	yped or Printed Name)	2000 FEB 11 SECRETARY TALLAHASSI
	······································	(Capacity)	
	FILING: \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluments withdrawn limited liability com	AM IO:

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

INHS17 (08/05)