

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: PHOENIX LAW P.A.

Account Number: I20030000088

. : (239)461-0024

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CCTA PARTNERS LLC

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A. LUNT

MAR 23 2010

EXAMIN

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COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: CCTA Partners LLC (Name of Limited Liability Com	пралу)				
The enclosed member, managing member or manager resignifiling.	nation and fee(s) are submitted for				
Please return all correspondence concerning this matter to:	20 1A				
Debbie Miller	SEURETARY TALLAHASS				
. (Contact Person)	R 22				
Phoenix Law PA	EF OF A				
(Firm/Company) 12800 University Drive, #260 (Address)	9: 21 STATE FLORIDA				
Fort Myers, FL 33907					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
	₎ 461-0101				
(Name of Contact Person) (Area Code a	& Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida De \$25 Filing Fec \$35	epartment of State for: 55 Filing Fee & Certified Copy				
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

CR2E079 (5/06)

CR2E079 (5/06)

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it appears on the records of the Flor A Partners LLC	ida Depai	
2. This limited liability Florida	y company was organized under the laws of:	RETARY OF AHASSEE.F	MAR 22 AM
3. The Florida docume L06000052	ent/registration number of this limited liability company is:	EJATE	9:21
4. I, Charles PT Phoenix, MGRM	of Gulf Delrout LLC, MGRM of AT Finencial LLC, hereby resign as a Manage of Person Resigning) (Prin	er	
	ty company and affirm the limited liability company has been		of my
Signature of Resigni	ing Member, Managing Member or Manager		
Filing Fee: Certified Copy:			

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