LD6000065730

(Requestor's Name)	
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(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Filone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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M. MILLIGAN MAY - 2 2017



August 9, 2016

CHET A BIERNAT 600 ROYAL COMMERCE ROAD, SUITE C ROYAL PALM BEACH, FL 33411

SUBJECT: C. B. ASSOCIATES, LLC

Ref. Number: L06000065730

We have received your document for C. B. ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00016703

Deborah Bruce Regulatory Specialist II

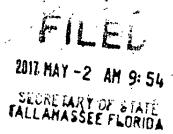
www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: C. B. ASSOC	CIATES, LLC			
	ited Liability Company)			
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to:			
CHET A. BIERNAT				
(Contact Person)				
C. B. ASSOCIATES, LLC				
(Firm/Company)				
600 ROYAL COMMERCE RO	DAD, SUITE C,			
(Address)				
ROYAL PALM BEACH, FLA.	- 33411			
(City/State and Zip Code)	•			
For further information concerning this matter, please call:				
CHET A. BIERNAT	at (561-791-4544			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$25 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 Tallahassee, Florida 32314			

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the l	limited liability company as it appears o	n the records of the Florida Department
of State is: C. B.	. ASSOCIATES, LLC	
2. The Florida docur	ment/registration number assigned to the	is limited liability company is:
L06	5000065730	
	nber/manager withdrew/resigned or will	withdraw/resign is: June 30 th , 2016
4. I,(Print Na.	dy A. Biernat herebyme of Person Resigning)	y withdraw/resign as a
	asurer	
()	Print Title)	
of this limited liabi resignation in writ	ility company and affirm the limited lial ing.	pility company has been notified of my
Cinder	A Bierrat.	
Signature of Diss	sociating Member or Resigning Manage	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	