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(Re	equestor's Name)	
(Ac	idress)	
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OF ULT 26 PM 1:32

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CCG Medical Marketing (Name of Lin	mited Liability Co	mpany)	_
Dear Sir or Madam:			
The enclosed Resignation of Member, Managin	g Member or N	Manager and fee(s) are submitted for	or filing.
Please return all correspondence concerning this	s matter to the	following:	
Justin R Jacobs			
(Name of Person)			O SI
CCG Medical Marketing			80° SER
(Firm/Company)			F 26
4210 Middlebrook rd #612			OF OCT 26 PH 1:32
(Address)			32
Orlando, florida. 32811			, ,
(City/State and Zip Code)		_	
For further information concerning this matter, p	please call:		
Justin Jacobs	at (_407	968-1622	
(Name of Person)		le & 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	V	\$55 Filing Fee &	

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

l, Sergio Diaz	, hereby resign as Manager	
	(Title)	
of CCG Medical Marketing LLC	,	
(Limited Liab	oility Company)	
a limited liability company organized under the l	aws of the State of Florida,	
(Signature of resigning manager, managing member or member) OF OCT 26 PM 1: 32		

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