# L0700026123

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
(Address)  (City/State/Zip/Phone #)
(Address)  (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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ALL AHASSEE: FLORIDA

N. Gulligen APR 2 0 2012

# **COVER LETTER**

•		
SUBJECT:	C & S INDUSTRIES LLC Name of Limited Liability Company	
DOCUMENT NUMBER:	L07000026123	
The enclosed Resignation of Reg for filing.	sistered Agent for a Limited Liability Company and fee are su	bmitted
Please return all correspondence	concerning this matter to the following:	
Robert W. Anth Name of Pe	erson	
Fassett, Anthony 8		
1325 West Cold		
Orlando, FL City/State and 2	32804 Zip Code	
ranthony@fasse E-mail address: (to be used for further information concerning)		
Robert W. Anthony Name of Person	at (407) 872-0200 Area Code & Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 608.416(2) or 608.509, Flo	orida Statutes, the undersign	ied,		
STEVEN RAVENSCROFT , hereby resigns as					
	Registered Agent	,,,			
Registered Agent for	C & S IND	USTRIES LLC	-		
	Name of Limited Liability Compa	iny	· · · · · · · · · · · · · · · · · · ·		•
L07000026123	3				
Document Number, if kn	own				
A copy of this resignation was ma	ailed to the above listed limited	d liability company at its las	t known add	lress.	
The agency is terminated and the	office discontinued on the 31s	rott	h this statem	ent is	filed.
If signing on behalf of an entity:			ALLEAH!	12 APR	لا_
<del></del>	Typed or Printed Name		AÑY OF NSSEE,	19 PM	:ILED
	Capacity		STATI	1 2: 2	Ů,

**FILING FEES:** 

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

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