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S. HAWKES
AUG 4 2009
EXAMINER

S. HAWKES 4 2009 EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: CCFL Investments, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
(Contact Person)
CCFL Investment, LLC (Firm/Company)
3993 TYRONE Blud. NORTH. 50.7+ \$608-148
SAINT PETERS BURG, Floria 33709 (City/State and Zip Code)
For further information concerning this matter, please call:
William Oleyan at (407) 928-6002 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the					rida Department
of State is:	CCFL	INVES	tments,	LLC	经 6 6 .
2. This limited liab			,		FILED PH 2:4
3. The Florida docu	ment/registration	number of th	is limited liability	company is:	5H -
	700006		•	,,	,
		•			(MGRM)
4. I, Heathe,	R OLEY ame of Person Resig	AR	, hereby resign	as a MANA	INGING MEMBER
of this limited lial resignation in wr	oility company a	nd affirm the li	imited liability co	mpany has been	n notified of my
Dott	er Oli	yo1	Maraczi	y Mar	00
Signature of Resi	gning Member, I	Ma M aging Mer	nber or Manager	U	
Filing Fee:	\$25.00 (Requ	ired)			
Certified Conv:	\$30.00 (Optio	•			