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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: C > P Consulting Firm, 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:
Throcess Willis (Contact Person)
(Contact Person)
(Firm/Company)
8038 Stove DOOK Do (Address)
Persucula, FL 32514 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 261-111 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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

	mited liability company as it appears on the records of the Florida D	epartme	ent -
2. This limited liabili	ty company was organized under the laws of:		
	nent/registration number of this limited liability company is:		
,	ne of Person Resigning), hereby resign as a MORM (Print Title	•	- ny
resignation in writing			, iDIVIO
Signature of Resign	ning Member, Managing Member or Manager	HAY -7	SION OF CO
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	AMII: 12	WE SHE