

L08000109962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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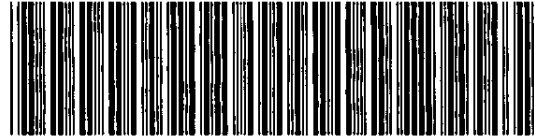
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 16 PM 12:44

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K. SALLY
EXAMINER
DEC 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CM Management & Consulting, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000109962

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael P. Gable

Name of Person

Law Office of Gable & Heidt

Name of Firm/Company

4000 Hollywood Boulevard, Suite 735 South Tower

Address

Hollywood, FL 33021

City/State and Zip Code

michaelpgable@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Gable

Name of Person

at (954) 966-2501

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael P. Gable

, hereby resigns as

Name of Registered Agent

Registered Agent for CM Management & Consulting, LLC

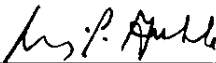
Name of Limited Liability Company

L08000109962

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

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

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TALLAHASSEE, FLORIDA