Feb-08-10 135pm ida Department of Super Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H10000281283))) H100000281283ABC/V Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. ____ TO: Division of Corporations Fax Number : (850)617-6380 From: ACCOURT Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL. Account Number : 076077000521 : (954)527-2428 Phone Fax Number : (954)333-4001 **Enter the email address for this business entiry to be used for future annual report mailings. Enter only one email address please.** Email Address: REGISTERED AGENT RESIGNATION FEB - 8 PH 12: 07 CCL DEVELOPMENT LLC 2010 FEB -8 AM 8: RECEIVER Certificate of Status Û Certified Copy 1 Page Count 01 Estimated Charge \$140.00

Feb-08-10 03:36pm From-RUDEN McCLOSKY FTL

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CHETARY OF STALE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Jeff Shear_____, hereby rosigns as

Name of Registered Agent

Registered Agent for _____ CCL_Development_LLC

Name of Limited Liability Company

L06000050054

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 discontanted on the 31st day after the date on which this statement is filed.

instance of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILINC FRES:

\$ 85.00 \$ 25.00 Active limited hability company Administratively dissolved/voluntarily dissolved/ withdrawn limited hability company

H10000028128 3

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

INHS17 (08/05)