## L09000013626

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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B. BOSTICK
AUG 1 2011
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: C+S A/C Services (Name of Limited L	iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
Brent Cooper (Contact Person)	
C+S A/C Services (Firm/Company)	SEURCIST TALLAHASSI
6652 Osteen Rd (Address)	
Now Port Richer, F1 35 (City/State and Zip Code)	PH 4: 14 PE FLORIDA
For further information concerning this matter, ple	ease call:
Breat Cooper at ( (Name of Contact Person) (A	727) 534 - 9452 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## 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		f the Florida Department
	ity company was organized un		
	nent/registration number of th		any is:
	ne of Person Resigning) lity company and affirm the li	hereby resign as a	*
Signature of Resign	A12 ning Member, Managing Men	nber or Manager	
Filing Fee: Certified Copy:			TALLAHZ

CR2E079 (5 06)