L090000 76454

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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SECRETARY OF STATE OF STATE OF CORPORATIONS OF

C. LEWIS

OCT 23 2012

EXAMINER

Janet E. Martinez, P. A.

Law Offices 203 East Rich Avenue DeLand, Florida 32724 TELEPHONE: (386) 736-9225 TELECOPIER: (386) 736-9265 INTERNET: www.delandlaw.com

October 15, 2012

PRIVILEGED & CONFIDENTIAL

VIA U.S. MAIL

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Resignation of Registered Agent

Dear Sir or Madam:

Kindly find enclosed my Resignation of Registered Agent for a Limited Liability Company form regarding *CCPK Solutions*, *LLC* as well as my firm check for the amount of \$85.00. Please forward any correspondence regarding this matter to Charles S. Shaver. Kindly find his contact information enclosed.

Thank you for your assistance.

Sincerely,

EMAIL: longt marting and data dlaw con

JEM: bb Encl.

cc:

Mr. Charles S. Shaver (via US Mail and email, w/ encl.)

1364-001:00081248.WPD; 1

COVER LETTER

SUBJECT:	CCPK Solutions, Name of Limited Liabilit	LLC y Company		
DOCUMENT NUMBER:_		L0900076454		
The enclosed Resignation of for filing.	Registered Agent for a Limite	ed Liability Company and fee are submitted		
Please return all corresponde	ence concerning this matter to	the following:		
Charles	S. Shaver	_		
Name	of Person			
CCPK So	olutions, LLC			
Name of F	irm/Company	_		
31240 Brantle	ey Branch Road	_		
Fuetic El	orido 32736			
City/State	orida 32736 and Zip Code	_		
gucki99@ E-mail address: (to be used	Dyahoo.com for future annual report notification)	_		
For further information conc	erning this matter, please call:			
Charles S. Sha	aver at (352 Area Cod) 483-3944 e & Daytime Telephone Number		
Enclosed is a check made pa liability company or \$25.00 limited liability company.	nyable to the Florida Departme for an administratively dissolv	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn		

MAILING ADDRESS:

TO: Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	ction 608.416(2) or 608.50	9, Florida Statute	s, the undersigned,	
Janet E	. Martinez, P.A.	.1	hereby resigns as	
Name o				
Registered Agent for	CCP	K Solutions, L	LC	
	Name of Limited Liability (Company		,
L090000764				
Document Number, if I	mown			
A copy of this resignation was r The agency is terminated and th	e office discontinued on the	·	•	atement is filed.
If signing on behalf of an entity	:			W SI
	Janet E. Ma	artinez		SECRETARY OF COR
Typed or Pri		i Name	· · · · · · · · · · · · · · · · · · ·	马 韓型
	Preside	nt		22 CORP. E.
	Capacity			PH 1:57

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