L09000088897

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
		,			
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EXAMINER

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2010

ROBERT J. QUANDT 205 BECKER RD VENICE, FL 34293

SUBJECT: CC&B MUSEUM, LLC Ref. Number: L09000088897

We have received your document for CC&B MUSEUM, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II Letter Number: 710A00014515

THE MED

COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: CC+B Museum (Name of Limited Lia)	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Robert J. QUANIT	
(Contact Person)	
N/A	
(Firm/Company)	
205 Becker RD	
(Address)	10 TO
Venice Haila 39 (City/State and Zip Code)	<u>693</u>
For further information concerning this matter, ple	ase call:
Robert J. QUANIST BLC	
Enclosed please find a check made payable to the l	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

			,	
1. The name of the of State is:	limited liability company a	as it appears on the re	cords of the Flori	da Department
2. This limited list	oility company was organiza	ed under the laws of:	· :	
3. The Florida doc 27 - 1.	ument/registration number	of this limited liabilit	y company is:	
4. I, Rober	TJ, Quan	☑/, hereby resign	asia <u>Chief</u> of	perating Manager.
of this limited lia	bility company and affirm t		1	
resignation in w	1. O. H	·		e
_ Signature of Res	igning Member, Managing-	Member or Manager	-	
·	•			
Filing Fee:	\$25.00 (Required)			0 2
Certified Conv.	\$30.00 (Ontional)			

CR2E079 (5/06)