# L1000018552

(Re	equestor's Name)	<del> </del>				
(Ad	ldress)					
· (Ad	ldress)					
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nam	ne)				
(Do	ocument Number)					
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
:						





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05/13/16--01029--025 \*\*110.00



#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>CECEnterprises</u> of Juno Beaco
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Michael Ciano (Contact Person)
Cè C Enderprises  (Firm/Company)
875 Danald Ross Road Em
City/State and Zip Code)  Beach FL 33408  (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Ciano at (561) 625-9250 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\int\_{\text{Stilling Fee}} \text{Fee} \text{\$\infty} \text{\$\text{\$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 (2/14)

Rilling Fee



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lim	•	• •					
of State is: C È	c En	Lerprises	of	Juno	Beach	<u> </u>	<u>-</u>
2. The Florida docume	nt/registration	number assigned	l to this l	imited liability	company is:		
L1000001	8552	·					
3. The date this member	er/manager wi	thdrew/resigned	or will w	ithdraw/resign	is: 2/8/	<u>کمار</u>	ص
4. I, William (Print Name	of Person Resign	stopher,	hereby w	vithdraw/resign	n as a		
Manage	nt Title)	·					
of this limited liabilit resignation in writing		d affirm the limit	ted liabili	ity company ha	as been notifie	d of my	
William	A.C	lista			SEOR TÀILL		
Signature of Disso	ciating Member	er or Resigning N	1anager				- I
•	\$25.00 (Requi \$30.00 (Optio	•			NES FLORIDA	LEU 13 ∰ 1:36	