

L10000066831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

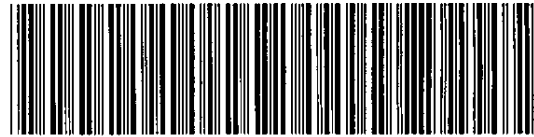
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000262003290

07/18/14--01008--030 **110.00

RECEIVED
DEPARTMENT OF STATE
14 JUL 18 PM 2:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 18 AM 10:06

C. LEWIS

JUL 21 2014

EXAMINER

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CCD-PR-NO 1, LLC

L10000066831

Please file Registered Agent resignation request

☐ Nonprofit
☐ Foreign Corporation

☐ Limited Partnership

☒ LLC

RA Resignation

☐ Certified Copy

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ UCC

☐ CUS

☐ After 4:30

☒ Pick Up

Name

Availability

7/18/2014

Document

Examiner

KM

Updater

Verifier

W.P. Verifier

Order#:

44140001

Ref#:

Amount: \$

RECEIVED
DEPARTMENT OF STATE
14 JUL 18 PM 1:41

85

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCD-PR-NO 1, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000066831

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. JUSTIN NILES, ESQUIRE

Name of Person

D. JUSTIN NILES, P.A.

Name of Firm/Company

200 W. PALMETTO PARK ROAD, SUITE 301

Address

BOCA RATON, FLORIDA 33432

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. JUSTIN NILES, Esquire

Name of Person

at (561) 869-1710

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

INHS17 (2/14)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 18 AM 10:06

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

D. JUSTIN NILES

Name of Registered Agent

, hereby resigns as

Registered Agent for

CCD-PR-NO 1, LLC

Name of Limited Liability Company

L10000066831

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



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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