

L10000066831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

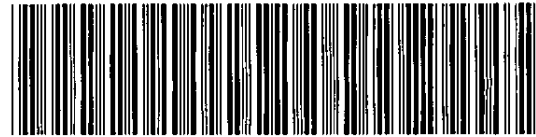
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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

RECEIVED
DEPARTMENT OF STATE
14 JUL 18 AM 2:05

LLC
Diss/Resign.

07-21-14

DC

FILED
14 JUL 18 AM 8:58

CT Corporation System

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

CCD-PR-NO 1, LLC

L10000066831

*****Please file this LLC Members, Mangers resignation request*****

☐ Nonprofit
☐ Foreign Corporation

☐ Limited Partnership
☒ **LLC**
Amendment

☐ 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 _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

KM

7/18/2014

Order#:

44140001

Ref#:

Amount: \$

RECEIVED
DEPARTMENT OF STATE
14 JUL 18 5:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCD-PR-NO 1, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

D. JUSTIN NILES, Esquire

(Contact Person)

D. JUSTIN NILES, P.A.

(Firm/Company)

200 W. PALMETTO PARK ROAD, SUITE 301

(Address)

BOCA RATON, FLORIDA 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

D. JUSTIN NILES

(Name of Contact Person)

at 561 869-1710

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$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



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 limited liability company as it appears on the records of the Florida Department of State is: CCD-PR-NO 1, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000066831

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 3, 2014

4. I, JOSE VALLE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGING MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
14 JUL 18 AM 8:58
TALLAHASSEE, FLORIDA