-1100000069700

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
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COVER LETTER

Division of Corporations		
SUBJECT: CHRIST CENTERED CONCIER		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L10000069700	Tables	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are su	bmitted
Please return all correspondence concerning this matter to the	he following:	
Cynthia Z. Jorgensen		
Name of Person	-	
Quarles & Brady LLP		
Name of Firm/Company	To E	3
411 E. Wisconsin Avenue, Suite 2040	LAH	
Address		2 7
Milwaukee, WI 53202	123 115 115 115	
City/State and Zip Code		
tyru.	The second second	₹ <u>.</u>
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cynthia Z. Jorgensen at 414	277-5191	
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section

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 section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,
NAPLES-LAWDOCK, INC.	, hereby resigns as
Name of Registered Agent	
Registered Agent for CHRIST CENTERED CON	CIERGE SERVICES, LLC
Name of Limited Liability Compa	ny ,
L10000069700	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited	l liability company at its last known address.
The agency is terminated and the office discontinued on the 31s	2 HAR 20
If signing on behalf of an entity:	
Cynthia Z. Jorgensen	
Typed or Printed Name	
Assistant Secretary	
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\$ 25.00 | Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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