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TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: CCD AMERICAN ENTE	ERPRISES, LLC
	ed Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
CARLOS A. RIVERO	·
(Contact Person)	
CCD AMERICAN ENTERPRISES	S, LLC
(Firm/Company)	
1625 S. CHICKASAW TRAIL	
(Address)	
ORLANDO, FLORIDA 32825	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
CARLOS A. RIVERO	at (407) 947-4962
(Name of Contact Person)	(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee Florida 32301	



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as D AMERICAN ENTE	• •	of the Florida Department
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida docu 	ument/registration number o	f this limited liability con	npany is:
4. I, CARLOS I	ROMAY, SR.	, hereby resign as a	MANAGER
/	ame of Person Resigning)		(Print Title)
resignation in wr	gning Member, Managing N		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		