

L1000029244

(Requestor's Name)

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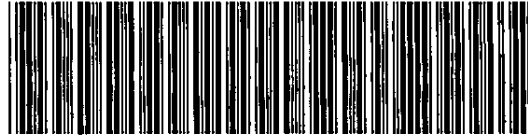
(Business Entity Name)

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TALLAHASSEE, FLORIDA
16 APR 18 PM 6:42

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2016 APR 18 PM 12:46
TALLAHASSEE, FLORIDA

APR 26 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIIC, LLC, operating under fictitious name: C2C, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000029244

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:

Clinton T. Cooper

Name of Person

CIIC, LLC, a/k/a C2C, LLC

Name of Firm/Company

2109 Fleet Landing Blvd.

Address

Atlantic Beach, FL 32233

City/State and Zip Code

clintcoop@gmail.com

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

For further information concerning this matter, please call:

Matthew H. Hinson, Esq.

Name of Person

at (904) 389-1994

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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)

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TALLAHASSEE, FLORIDA
16 APR 18 PM 6:42

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

JEFFREY A. CRAMER, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for Clinton T. Cooper, Manager

CIIC, LLC operating under fictitious name C2C, LLC

Name of Limited Liability Company

L11000029244

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 18 PM 6:42

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