L1100083012

Office Use Only



400215451044

12/27/11--01024--012 **25.00

FILED

11 DEC 27 PN 3:2:

SEVERY RESERVED FOR ORDER

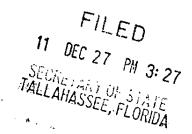
COVER LETTER

SUBJECT: (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: (Contact Person) (Contact Person) (Firm/Company) Ald Shint Awdrews BIVO Suite/145 (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: [255 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS:	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to: Case (Contact Person) Case (C	SUBJECT: (Name of Limited Lia	NSULL.WG LLC bility Company)
Gail Case (Contact Person) CSC Co & SUlf-Ng LLC (Firm/Company) 2 346 SA: nf Awdrews BNO SU. fe/45 (Address) BOCA Rato & FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: [1525 Filing Fee Certified Copy	· · · · · · · · · · · · · · · · · · ·	ger resignation and fee(s) are submitted for
CSC CONSULTING LLC (Firm/Company) 21346 SA: nt Awdrews BNO Su. te 145 (Address) BOCA Rato N FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please/find a check made payable to the Florida Department of State for: [255 Filing Fee Certified Copy	Please return all correspondence concerning this m	atter to:
CSC CONSULTING LLC (Firm/Company) 21346 SA: nt Awdrews BNO Su. te 145 (Address) BOCA Rato N FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please/find a check made payable to the Florida Department of State for: [255 Filing Fee Certified Copy		
Boch Ratow FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: [1525 Filling Fee] [1525 Filling Fee] [1525 Filling Fee]	(Contact Person)	
Boch Ratow FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: [1525 Filling Fee] [1525 Filling Fee] [1525 Filling Fee]	CSC CONSULTING LLC	<u></u>
For further information concerning this matter, please call: CHRIS topher Costune at 203 779-9466 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: 255 Filing Fee & Certified Copy	21346 SAint Awdre	us Blvo Su.te/45
CHRIStopher Costune at 203 779-9466 (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 [25] State for: [26] Certified Copy	BOCA Ratu N FL 3 (City/State and Zip Code)	3433
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy	For further information concerning this matter, plea	ase call:
\$25 Filing Fee \$\times \text{Certified Copy}	CHRIStopher Costanea at (A) (Name of Contact Person) (A)	203 779-9466 rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:	Enclosed please find a check made payable to the F	\$55 Filing Fee &
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Registration Section Division of Corporations Clifton Building	Registration Section Division of Corporations P.O. Box 6327

CR2E079 (5/06)

Tallahassee, Florida 32301





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 it appears on the records of the Florida Department
of State is:	CJC CONSULTING LLC
	ility company was organized under the laws of:
FloR	lida.
·	
	ment/registration number of this limited liability company is:
L /	1/000683012
41 Christo	pher Costanza, hereby resign as a MCRM
(Print No	ame of Person Resigning) (Print Title)
	pility company and affirm the limited liability company has been notified of my
resignation in wri	ting.
Signature of Resid	gning Member, Managing Member of Manager
Signature of Resign	simily inclined, managing inclined of manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)