L12000093998

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/07/13--01015--031 **25.00



MAY - 8 2013 J. BRYAN

COVER LETTER

Registration Section TO: **Division of Corporations**

THE THE STATE OF T

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

Please return all correspondence concerning this matter to:

(Firm/Company) Riversico Center Blud Suite 245 (Address)

For further information concerning this matter, please call:

Contact Person) at (239) 260 ~ 8141 (Area Code & Daytime Telephone Number) (Name of Contact Person)

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: CCOETMS, "LLC"
2. This limited liability company was organized under the laws of:
Florida.
3. The Florida document/registration number of this limited liability company is:
L12000093998 .
4. I, Vincent Mansolillo, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
resignation in writing.
Hun
Signature of Resigning Member, Managing Member or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: