L12000122932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Strivers FEB 19 2014

14 FEB 19 AM 10:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C&C HealthCare Solutions LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Corina Herbold
(Contact Person)

C&C HealthCare Solutions LLC
(Firm/Company)

15 Paradise Plaza # 265
(Address)

Sarasota, FL 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

Corina Herbold at (941) 320-4320
(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:
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 (12/13)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, 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: C&C Healthcare Solutions LLC.

2. The Florida document/registration number of this limited liability company is: L12000122932.

3. The date this member withdrew or will withdraw is: 01/01/2014

4. I, Christopher M. Duffy (*Print Name of Person Resigning*), hereby resign as a Partner/member (*Print Title*) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning or Dissociating Manager, Member

FILED
14 FEB 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (12/13)