

L12 000 122932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

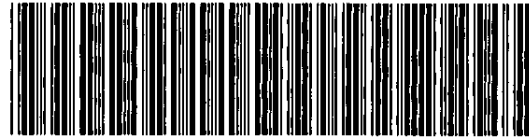
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Stivers FEB 19 2014

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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

(Name of Contact Person)

at (941)

(Area Code & Daytime Telephone Number)

320 - 4320

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



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. Dally, hereby resign as a Partner/member
(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.

[Signature]
Signature of Resigning or Dissociating Manager, Member

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

RECEIVED
FEB 18 4:11:07
TALLAHASSEE, FLORIDA