

# L13000015368

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

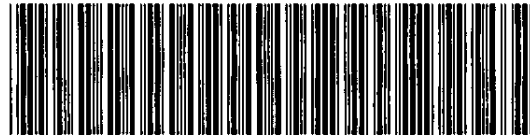
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800252862718

11/05/13--01017--001 \*\*85.00

FILED  
2013 NOV -5 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan NOV - 5 2013

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CNC Properties LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L130000015368

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:

Chris Pickett  
Name of Person

CNC Properties LLC  
Name of Firm/Company

3203 Waver St  
Address

Jacksonville, FL 32254  
City/State and Zip Code

CPA@cncln.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Pickett at (904) 404 6004  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Christine Miceli Pickett, hereby resigns as  
Name of Registered Agent

Registered Agent for CNC Properties LLC

Name of Limited Liability Company

L13000015368  
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.

Christine Miceli Pickett  
Signature of Resigning Agent

If signing on behalf of an entity:

Christine Miceli Pickett  
Typed or Printed Name

Manager / Registered Agent  
Capacity

### 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

FILED  
2018 NOV -5 AM 11:41  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE