

L13000131599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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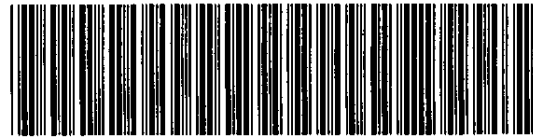
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
CORPORATION DIVISION

2017 APR -3 PM 5:21

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APR 06 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C-EXCLUSIVE CONSULTING, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000131599

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:

CHERLONDIA JACKSON

Name of Person

C-EXCLUSIVE CONSULTING, LLC

Name of Firm/Company

PO BOX 927316

Address

SAN DIEGO, CA 92192

City/State and Zip Code

cherlondia@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherlondia Jackson

Name of Person

at ( 858 ) 883-4141

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

InCorp Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for C-Exclusive Consulting, LLC

Name of Limited Liability Company

L13000131599

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.

L. Nealey  
Signature of Resigning Agent

If signing on behalf of an entity:

Leora Nealey for InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

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**

17 APR -3 AM 10:09

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS