

L14000653851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

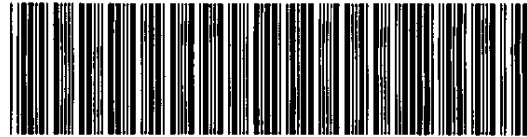
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/14--01023--019 **25.00

2014 MAY -9 A 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

m/m
MAY 21 2015
T. LEMIEUX

BARNES & COHEN, P.A.

ATTORNEYS AT LAW

2747 ART MUSEUM DRIVE, SUITE 500

JACKSONVILLE, FLORIDA 32207

TELEPHONE (904) 396-5181

FAX (904) 396-9008

bbcjustice.com

CHALMERS H. BARNES *

GLENN E. COHEN

REBECCA H. COZART †

ERIC R. ANDEER

ST. AUGUSTINE OFFICE

TEL (904) 824-4141

GEORGIA OFFICE

TEL (912) 729-4357

* ALSO MEMBER OF GA

† ALSO MEMBER OF GA, SC, NC

May 8, 2014

REPLY TO: JACKSONVILLE

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

VIA FEDERAL EXPRESS

Re: CB ASSET RESOLUTIONS LLC
DOCUMENT NO. L14000053851

Dear Sir/Madam:

Enclosed for filing, in this specific order, are the following:

1. Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company, along with the filing fee of \$25.00.
2. Articles of Amendment to Articles of Organization, along with the filing fee of \$25.00.
3. Statement of Change of Registered Office or Registered Agent or Both of Limited Liability Company, along with the filing fee of \$25.00.

If you have any questions, please feel free to contact me.

Sincerely,

BARNES & COHEN, P.A.



Theresa Wright,
Assistant to Chalmers H. Barnes

CHB/tw
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CB ASSET RESOLUTIONS 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:

CHALMERS H BARNES

(Contact Person)

CB ASSET RESOLUTIONS LLC

(Firm/Company)

2747 ART MUSEUM DR STE. 500

(Address)

JACKSONVILLE FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Wright

(Name of Contact Person)

904 396.5181
at ()

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CB ASSET RESOLUTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000053851

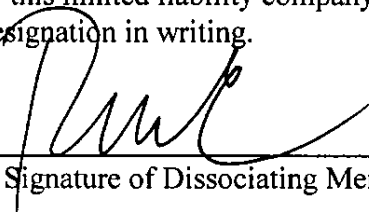
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/08/2014

4. I, REBECCA H COZART, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA