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Special Instructions to	Filing Officer:	

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P. WART

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: C&E Property Group, LLC  Name of Limited Liability C	`ampany
	Sompany
DOCUMENT NUMBER: L15000168995	
The enclosed Resignation of Registered Agent for a Limited I for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Janna Pantoja at ()	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

United States Corpo	oration Agents, In	c.	hereby resigns as
Name of Registered Agent		t	
Registered Agent for C8	RE Property Grou	p, LLC	
	Name of Lim	nted Liability Company	,
L15000168995			
Document Nur	nber, if known	<del></del>	
A copy of this resignatio	n was mailed to the a	bove listed limited liability c	ompany at its last known address.
The agency is terminated	and the office disco	Signature of Resigning Agent	the date on which this statement is filed
If signing on behalf of ar	n entity:		
	Cheyenne Mose	eley	
	Typed or Printed Name		
	Asst. Secretary for U	Inited States Corporation Age	ents, Inc.
		Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314