

L17000028860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

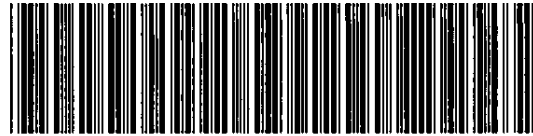
(Business Entity Name)

(Document Number)

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2017 JUN 14 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 15 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C2C RRG ENTERPRISES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUBY A PERTEE

Name of Person

C2C RRG ENTERPRISES, LLC

Firm/Company

1102. 15th AVE. SO.

Address

LAKE WORTH FL. 33460

City/State and Zip Code

rubypertee@gmail.com

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

For further information concerning this matter, please call:

RUBY A PERTEE

Name of Person

at (

561

)
Area Code

856-5140

Daytime Telephone Number

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: C2C-RRG ENTERPRISES, LLC

SECOND: The Florida Document number of the limited liability company is: L17000028860

THIRD: The street address of the limited liability company's principal office is:

1102. 15th Ave. So. Lake Worth, Fl. 33460

The mailing address of the limited liability company's principal office is:

1102 15th Ave. So. Lake Worth, Fl. 33460

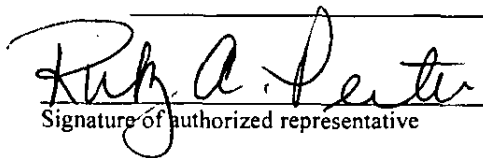
FOURTH: The date the statement of authority became effective is: 02/05/17

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Ruby A Pertee is OWNER, CEO, and MANAGER of C2C RRG EN


Signature of authorized representative

RUBY PERTEE

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

2017 JUN 14 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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