

L17000067420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

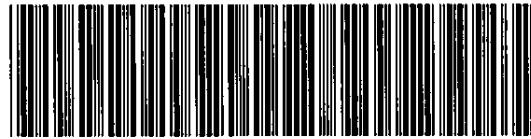
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 10 2017

## KOCHMAN & ZISKA PLC

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Ronald S. Kochman\*

Maura A. Ziska

Marvin S. Rosen, *Counsel*\*

\*Also admitted in New York

\*Also admitted in Michigan

Esperanté

222 Lakeview Avenue, Suite 1500  
West Palm Beach, Florida 33401

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April 6, 2017

**Federal Express**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: ***CCM630, LLC***  
**Document #L17000067420**

Dear Sir/Madam:

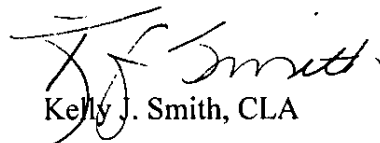
Enclosed, in connection with CCM630, LLC, are the following documents:

1. Resignation of Manager; and
2. Articles of Amendment to add a new Manager.

Also enclosed is a check in the amount of \$50 representing the filing fees together with a Federal Express envelope for return of the confirmations for these filings.

If you have any questions, please call me.

Sincerely,



Kelly J. Smith, CLA

Enclosures

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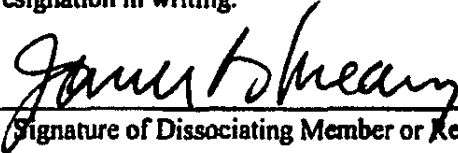


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: CCM630, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L17000067420
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/05/2017
4. I, JAMES B. MEANY, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
(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)

2017 APR -7 A 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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