47000216737

(Re	questor's Name)	i
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	MAIT	MÅIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		(
		1
		1

Office Use Only



200310312382

03/12/18--01025--026 **25.00

18 MAR J. 2 AM .9: 49

MAR 1 4 2018 Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

CR2E079 (2/14)

SUBJECT: CCR GENERAL SERVICES L	LC
(Name of Limite	l Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to:
CARLOS A. RODRIGUES	
(Contact Person)	
CCR GENERAL SERVICES LLC	
(Firm/Company)	
5438 INTERNATIONAL DRIVE, SUITE B	
(Address)	
ORLANDO, FL 32819	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
CARLOS A. RODRIGUES	407 354-3474
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$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 a	is it appears on the records of the Florida Department
of State is:	R GENERAL SERVICES	LLC
2. The Florida docu		assigned to this limited liability company is:
3. The date this me CLAUDIO ZA		signed or will withdraw/resign is: 01/01/2018, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	hereby withdraw/resign as a , , , , , , , , , , , , , , , , ,
MGR		
	(Print Title)	1.6
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of Di	issociating Member or Resi	gning Manager
_	\$25.00 (Required) \$30.00 (Optional)	
1-21		