L19000113694

(F	Requestor's Name)	
(/	Address)	
	Address)	
((City/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
	Business Entity Name	۵)
(1	Dusiness Littly Ivani	c)
(8	Document Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	C2 Custom Coatings LLC	
	(Name of Lin	ited Liability Company)
The er	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:
Kev	rin Clark	
-	(Contact Person)	
C2 (Custom Coatings LLC	
	(Firm/Company)	
606	0 28th St. E. Suite 1	
	(Address)	
Brad	denton, FL 34203	
	(City/State and Zip Code)	
For fu	rther information concerning this matt	er, please call:
Kev	rin Clark	941 404-2671 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee	to the Florida Department of State for: \$\equiv \frac{1}{2} \\$55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

C2	limited liability company as it a		orida Department
2. The Florida docu L19000113684	ment/registration number assigr	ned to this limited liability com	ipany is:
4. I, Ronald Clark	mber/manager withdrew/resigne	-	
of this limited liab resignation in wri	Print Title) oility company and affirm the linting. Sociating Member or Resigning		en notified 84MR - 4 PM 12: 0
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		.