

h70000056774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

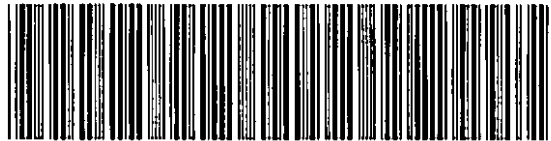
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700374346137

10/14/21--01016--019 **25.00

FILED
2021 OCT 15 AM 10:21
S. J. HAYES
TOLSON, ARIZONA

D BRUCE
OCT 28 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & C Transformations, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Cristy-Phillips
(Contact Person)

C & C Transformations, LLC
(Firm/Company)

P.O. Box 37345
(Address)

Tax, FL 32236
(City/State and Zip Code)

For further information concerning this matter, please call:

Cristy Phillips at (904) 610-6532
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

2021 OCT 15 AM 10:21
RECEIVED
FILING
SECTION



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: C & C Transformations, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000056774

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept 21, 2021

4. I, Jesse Moses, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2021 OCT 15 AM 10:21
TELEPHONE UNIT

FILED