L20000229378

(Requestor's Name)			
(Address)			
(Address)			
(Cit (Cit A Fin Diago 4)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
JAN 2 6 2023			
L			

Office Use Only



500401429815

01/27/23--01003--002 (**25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: C+ C Consu, (Name of Li	Ifant Services LLC imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
Michelle Ceockett (Contact Person)	
CAC Consultant Sor (Firm/Company)	vices LIC
2133 Villa Way (Address)	
New Shyrna Breach FL 32 (City/State and Zip Code)	गढन
For further information concerning this ma	itter, please call:
Michelle Crockett (Name of Contact Person)	at (404) 395 - 7885
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: ☐ \$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)

1. The name of the	limited liability company as it a	appears on the records of the F	lorida Department
of State is: <u>C</u> ◀	C Consultant Services	LLC	·
2. The Florida docu	ment/registration number assig	ned to this limited liability cor	npany is:
L20000 ZZ	9378	_ .	
3. The date this men	mber/manager withdrew/resign	ed or will withdraw/resign is:	9/23/22
4. I, <u>Gerri Cor</u>	mm oclone ame of Person Resigning)	_, hereby withdraw/resign as	a
AMBR MO	Print Title)		
of this limited liab resignation in wri	oility company and affirm the li ting. OMMO Jou	mited liability company has be	een notified of my
Signature of Di	ssociating Member or Resignin	д Мападет	are the same
_	\$25.00 (Required) \$30.00 (Optional)		H 26 AM II: 4