## 121000019035

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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## **COVER LETTER**

SUBJECT: CAC GROUP, LLC		
Name of Lif	nited Liability Company	
DOCUMENT NUMBER: L21000019035		
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted	
Please return all correspondence concerning the	is matter to the following:	
Sarah Balen		
Name of Person		
MyCompanyWorks, Inc.		
Name of Firm/Company		
187 E. Warm Springs Rd., Suite B		
Address		
Las Vegas, NV 89119		
City/State and Zip Code		
filings@mycompanyworks.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter,	please call:	
Sarah Balen	702 362-2677	
Name of Person	t ( 702 ) 362-2677 Area Code ) Daytime Telephone Number	
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrati-liability company.	a Department of State for \$85.00 for an active limited vely dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
1.0. 00. 0027	Curron Dunding	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unc	dersigned,
Registered Agent	Solutions, Inc.	. hereby resigns as
	Name of Registered Agent	No. 200
Registered Agent for _	CAC GROUP, LLC	
	Name of Limited Liability Company	<u> </u>
L21000019035		
Document N	umber, if known	
	on was mailed to the above listed limited liabilited and the office discontinued on the 31st day affined and the office discontinued and the offic	
	Signature of Resigning Agent	
If signing on behalf of a	an entity:	AH 8: 55
	Jennifer Peters	
	Typed or Printed Name	
	Assistant Secretary of Registered Agent Solu	itions, Inc.
	Capacity	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company