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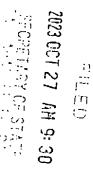
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: <u>CS & CR LLC</u>	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	:
Charles Sanders	
(Contact Person)	
CC & CR LLC	
(Firm/Company)	_
6538 SW 60 th Street (Address)	
South Miami, FL 33143	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	:
Charles Sanders	. (796) 271 2059
	at (786) 271-3958 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida l	Department of State for:
X 25 Filing Fee ☐ \$55 Filin	ng Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)



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)

	e limited liability company as it of State is: CS & CR I	t appears on the records of the Florid	la
Department C	1 State is. CS & CK I	<u></u>	
2. The Florida doc	ument/registration number assi	igned to this limited liability compan	ıy is:
L230004	0356	·	
3. The date this mo	ember/manager withdrew/resig	ned or will withdraw/resign is:10	1/19/2023
		, hereby withdraw	/resign as a
(Print 1	(ame of Person Resigning)		
Manager_			
	(Print Title)		
of this limited lia resignation in writ		limited liability company has been n	
Chelsea &	oberston	; <u>.</u>	- PLED 2023 OCT 27 NM 9: 30 SECRETARY OF STATE
Signature of D	issociating Member or Resigni	ng Manager	71-1 12 D TI
Filing Fee:	\$25.00 (Required)	.:	
Certified Copy:	\$30.00 (Optional)	. ' . ' ;	ST.
CR2E079 (2/14)		;	∷