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2024 OCT 29 PH 12: 38

## **COVER LETTER**

TO: Registration Section **Division of Corporations** C&C Counseling Connection, LLC SUBJECT: (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: Carla Rasnick (Contact Person) C&C Counseling Connection dba Life Line Counseling (Firm/Company) 11020 Seminole Blvd. (Address) Largo, FL 33778 (City/State and Zip Code) For further information concerning this matter, please call: Carla Rasnick (Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing 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

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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 i	t appears on the records of the Florida Departi	ngnt
of State is:	Counseling Connection, L.L.C.	SECP	024 Q
		SSE.	2024 QCT 29 PH 12:
Connie Haskins	, v	gned or will withdraw/resign is: 8/29/2024 S	2: 38 _
4. l	ame of Person Resigning)	, hereby withdraw/resign as a	
Manager			
•	(Print Title)		
of this limited lial resignation in wr		limited liability company has been notified of	îmy
Ca	mnie Haskin	US	
	ssociating Member or Resign		
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)		