M09000002616

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COVER LETTER

Amendment Section Division of Corporations

TO:

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: C & S INVESTMENT H Name of Limited	OLDINGS GROUP, LLC
	Liability Company
DOCUMENT NUMBER: M	09000002616
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the following:
Wendy Hefley Name of Person	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
2360 Corporate Circle, Ste. 400	
Address	
Henderson, NV 89074	
City/State and Zip Code	
processing@incorp.com E-mail address: (to be used for future annual report not	
E-mail address; (to be used for future annual report not	(fication)
For further information concerning this matter, ple	ase call:
Incorp Services Inc./Wendy Hefley at (702) 866-2500
Name of Person	area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively limited liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Cornorations	Division of Cornorations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.5	609, Florida Statutes, the und	ersigned,
In	corp Services, Inc.	, hereby res	signs as
N	lame of Registered Agent		
Registered Agent for	C & S INVESTM	ENT HOLDINGS GROU	JP, LLC
	Name of Limited Liability	r Company	,
M090000	002616		
Document Num	ber, if known		
A copy of this resignation	was mailed to the above listed	limited liability company at	its last known address.
The agency is terminated a	and the office discontinued on Signature	the 31st day after the date on	
If signing on behalf of an e	entity: Wendy Hefley for Incomplete Typed or Printe		DIVISION OF C
_	Authorized Rep Capacity	presentative	PHI2: 20

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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