

M11000002729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

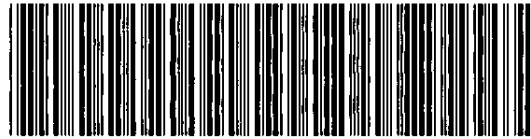
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/22/13--01005--017 \*\*25.00

RECEIVED  
13 NOV 22 PM 12:57  
DIVISION OF CORPORATIONS

FILED  
2013 NOV 22 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2013

T. HAMPTON

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CCD PR NO 11 LLC

- \_\_\_\_\_ Art of Inc. File\_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File\_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File\_\_\_\_\_
- \_\_\_\_\_ L.C. File\_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File\_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark\_\_\_\_\_
- \_\_\_\_\_ Merger File\_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File\_\_\_\_\_
- \_\_\_\_\_ RA Resignation\_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_
- \_\_\_\_\_ Cert. Copy\_\_\_\_\_
- \_\_\_\_\_ Photo Copy\_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing\_\_\_\_\_
- \_\_\_\_\_ Certificate of Status\_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_
- \_\_\_\_\_ Corp Record Search\_\_\_\_\_
- \_\_\_\_\_ Officer Search\_\_\_\_\_
- \_\_\_\_\_ Fictitious Search\_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search\_\_\_\_\_
- \_\_\_\_\_ Vehicle Search\_\_\_\_\_
- \_\_\_\_\_ Driving Record\_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File\_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search\_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval\_\_\_\_\_
- \_\_\_\_\_ Courier\_\_\_\_\_

Signature \_\_\_\_\_

Requested by: **SETH**

_____	_____	_____
Name	Date	Time

Walk-In _____	Will Pick Up _____
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CCD PR NO 11 LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

D. JUSTIN NILES, Esquire  
(Contact Person)

D. JUSTIN NILES, P.A.  
(Firm/Company)

200 W. PALMETTO PARK ROAD, SUITE 301  
(Address)

BOCA RATON, FLORIDA 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

D. JUSTIN NILES at ( 561 ) 869-1710  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CCD PR NO 11 LLC

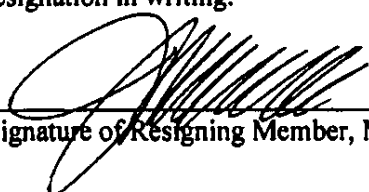
2. This limited liability company was organized under the laws of:  
DELAWARE

3. The Florida document/registration number of this limited liability company is:  
M11000002729

4. I, JOSE BAIXAULI, hereby resign as a Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

**EFFECTIVE AS OF NOVEMBER 19, 2013**

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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