

MAR-02-06

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FROM-Matthews and Hawkins PA

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : MATTHEWS & HAWKINS, P.A.
Account Number : I19990000039
Phone : (850) 837-3662
Fax Number : (850) 654-1634

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DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

C & C ACQUISITIONS GROUP, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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RA Resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C & C Acquisitions Group, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P01000074858

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristie Busby

(Name of Person)

Matthews & Hawkins, P.A.

(Name of Firm/Company)

4475 Legendary Drive

(Address)

Destin, Florida 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristie Busby

(Name of Person)

at (850) 837-3662

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, John W. Hawkins

(Name of Registered Agent)

hereby resigns as Registered Agent for C & C Acquisitions Group, Inc.


(Name of Corporation)

P01000074858

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved
withdrawn corporation

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06 MAR -3 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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