P04000135822

(Re	equestor's Name)	
(Ad	Idress)	- 1 77 ;
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: C4 GROUP, INC. (Name of Corporation)
DOCUMENT NUMBER: PO40001358ZZ
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:
CRAIG A. SALMOND (Name of Person)
C4 GROUP, INC (Name of Firm/Company)
2814 S. BAY STREET
EUSTIS, FL 32726 (City/State and Zip Code)
For further information concerning this matter, please call:
CRAIG A SALMOND at (352) 483-2306 (Area Code & Daytime Telephone Number)
Englaged is a check made negable to the Floride Department of State for \$97.50 for an active co

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, 61 617.1309,
Florida Statutes, the undersigned, DANIEL L. LUBWIG (Name of Registered Agent)
hereby resigns as Registered Agent for C4 GROUP, INC. (Name of Corporation)
P04000135822 (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:
DANIEL L. LUOWIG (Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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