P05000/60571

(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL.
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: CCI CONSTRUCTION OF BREVARD INC. (Name of Corporation) DOCUMENT NUMBER: <u>P05600160571</u>_____

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:

 $\frac{1.ARRY}{(Name of Person)}$ (Name of Firm/Company) 1/5718 NO, 1=1-72172 1+11/ FT. LAVDENDALE, FL 33308 (City/State and Zin Code)

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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PO**5**000 160571 (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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation JUL 23 AM 9:

 ယ ယ Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. 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, <u>Fijikrij</u> (Shamo of Pagistered Agent)	
CCI CUNSTRUCTOUT UF	
hereby resigns as Registered Agent for <u>BALEV AND</u> INVE	

PO**5**000 160 571 (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

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

