

P1000000 88716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

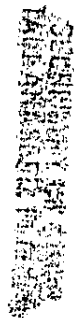
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TO: Amendment Section
Division of Corporations

SUBJECT: CC Management of South Florida INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000088716

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN SRAMOWICZ
(Name of Person)

(Name of Firm/Company)

313 Bougainvillea Drive
(Address)

Jupiter FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN SRAMOWICZ at (561) 436-8080
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

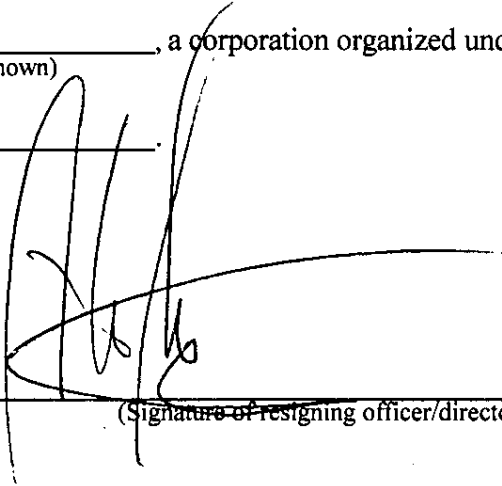
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Steven Sramowicz, hereby resign as Tres
(Title)

of CC Management of South Florida Inc.
(Name of Corporation)

P10000088716, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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