## P12000076205

(Requ	iestor's Name)	
(Addr	ess)	
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(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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Ra Resignation

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** INVESTMENTS C AND C INC (Name of Corporation) DOCUMENT NUMBER: P12000076205 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: **CESAR A SALAS-ABREU** (Name of Person) INVESTMENTS C AND C INC (Name of Firm/Company) 13574 VILLAGE PARK DR STE-135 (Address) ORLANDO, FL 32837 (City/State and Zip Code) For further information concerning this matter, please call: CESAR A SALAS-ABREU at 407 Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation is or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## 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, MARIA D DE ASSUNCAO
(Name of Registered Agent)
hereby resigns as Registered Agent for INVESTMENTS C AND C INC
(Name of Corporation)
P12000076205
(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.
ins statement is med.
11/2 A/1/2 A/1
(Signature of Resigning Agent)
If signing on behalf of an entity:
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Maria + Le Assuncao.
(Typed or Printed Name)
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Legistered Agent.
(Capacity)  (Capacity)  ARE 1028
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Fee for filing this document:
Fee for filing this document:  \$87.50 - Active Corporation  \$35.00 - Administratively dissolved/voluntarily dissolved/
\$35.00 - Administratively dissolved/voluntarily dissolved/ size withdrawn corporation

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