

PA7000075673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

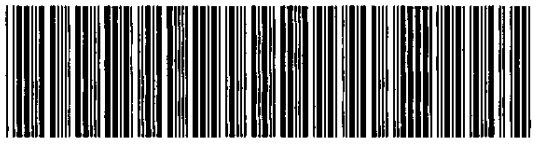
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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10/5/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CCAS CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P970000 75673

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

Please return all correspondence concerning this matter to the following:

Lori Moore  
(Name of Person)

CCAS CORPORATION  
(Name of Firm/Company)

3501-211 Del Prado Blvd  
(Address)

Cape Coral FL 33904  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Moore at (239) 542-2558  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2009

LORI MOORE  
3501-211 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33904

SUBJECT: CCAS CORPORATION  
Ref. Number: P97000075673

We have received your document for CCAS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation was dissolved on August 3, 2009. If you wish to resign as an officer the enclosed form is required to be filed. To resign as registered agent the fee is \$35.00 and the form is enclosed as well.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 809A00031034

RECEIVED  
2009 OCT -2 AM 8:00  
DIV OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Lari Moore, hereby resign as Secretary + Treasurer  
(Title)

of CCAB CORPORATION  
(Name of Corporation)

P97000075673, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Lari Moore  
(Signature of resigning officer/director)

**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

FILED  
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TALLAHASSEE, FLORIDA  
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