P98000101594

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Off les Resign

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COVER LETTER

Amendment Section Division of Corporations

TO:

•	
SUBJECT: C&C Savant, Inc	>.
	(Name of Corporation)
DOCUMENT NUMBER:F	P98000101594
The enclosed Officer/Director F	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	e concerning this matter to the following:
Clay Molinari	•
(Name of	Person)
C&C Savant, Inc.	
(Name of Fire	n/Company)
8787 Southside Blvd., Apt.	4602
(Addr	ess)
Jacksonville, FL 32256	
(City/State an	d Zip Code)
For further information concern	ing this matter, please call:
Clay Molinari	at (317) 695-6563 (Area Code & Daytime Telephone Number)
(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:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations Clifton Building	Division of Corporations Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
2661 Executive Center Circle Tallahassee, FL 32301	

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L. Corrine E. Paige	, hereby resign as VP/Treas	
-7	(Title)	
of C&C Savant, Inc.		
(Name of C	orporation)	
P98000101594, a	corporation organized under the laws of the State of	
Florida		
(Signa	OT MAY 1 PM 1: 50 ALLAHASSEE, FLORIT Autre of resigning officer/director)	FILED

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