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(City/State/Zip/Phone #)

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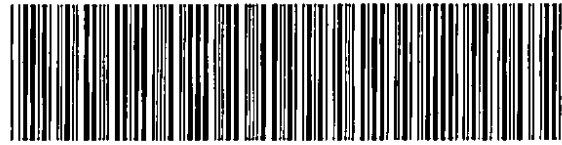
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Name:	ClearView Audit LLC
Document #:	
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Thank you!

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Clearview Audit, LLC

(Name of limited liability company)

Wisconsin

(Jurisdiction of its organization)

December 17, 2018

(Date registered with Florida Department of State)

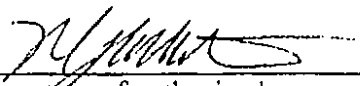
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(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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(Signature of authorized representative)

Brad Hollister

(Typed or printed name of signee)

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