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(Requestor	s Name)
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(City/State/	Zip/Phone #)
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(Document	Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CLEAR-LITE HOLDINGS, INC. (Name of Corporation)
• • • • • • • • • • • • • • • • • • • •
DOCUMENT NUMBER: F0900004868
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:
Paul E. Niedermeyer
(Name of Person)
(Name of Firm/Company)
102 NE 2nd Street, PMB 171
(Address)
Boca Raton, FL 33432-3908
(City/State and Zip Code)
For further information concerning this matter, please call:
Paul E. Niedermeyer at (561) 488-8777
Paul E. Niedermeyer at (561) 488-8777 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made navable to the Florida Department of State for \$87.50 for an active corne

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

201100	FILED
	29 AMII: 56 RY OF STATE SEE. FLORIDE
617.1509.	EE. FLORID

	07.0502(2) 617.0502(2) 607.1509 or 617.1509
Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Pa	aul E. Niedermeyer
	(Name of Registered Agent)
hereby resigns as Registered Agent for	CLEAR-LITE HOLDINGS, INC.
	(Name of Corporation)
F09000004868	
(Document Number, if known)	_
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	
	Typed or Printed Name)
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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