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l	(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
	(Business Entity Name)		
(D)			
'	(Document Number)		
Certified Copies	Certificates of S	Status	
	to Filing Officer		
Special Instructions	Special Instructions to Filing Officer:		
Special Instructions			

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09 JAN 27 PH 12: 32

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JAN 2 8 2009

EXAMINER

COVER LETTER

Division of Corporations	
Division of Corporations	
SUBJECT: CLEARVIEWENTERPR	ISES, LLC
(Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Lois J. Schultz	
(Contact Person)	
ClearViewEnterprises, LLC	
(Firm/Company)	······································
Mailing address: 1809 E Broadwa	y St #220
(Address)	
Oviedo, Fl 32765	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Lois J. Schultz	at (407) 365-1280
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JAN 27 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 30, 2008

LOIS'J SCHULTZ 1809 E BROADWAY ST # 220 OVIEDO, FL 32765

SUBJECT: CLEARVIEWENTERPRISES, LLC

Ref. Number: L04000078153

We have received your document for CLEARVIEWENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 008A00061958



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it of State is: CLEARVIEWENTERPRIS	t appears on the records of the Florida Department SES, LLC.
2. This limited liability company was organized a Florida	under the laws of:
3. The Florida document/registration number of t L0400078153	his limited liability company is:
4. I, Carrie George (Print Name of Person Resigning)	, hereby resign as a Managing Member
,	limited liability company has been notified of my
Signature of Resigning Member, Managing Me	120/08 ember or Manager
Carrie George 1/10/08 Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	OP JAI