

LO60000 95912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

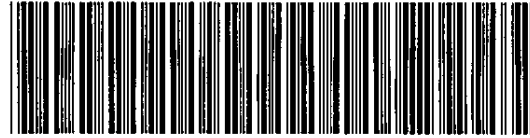
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLC Management LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie Martin

(Name of Person)

(Firm/Company)

19818 Morden Blush Dr.

(Address)

Lutz, FL 33558

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Martin

(Name of Person)

at (813) 695-4268
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

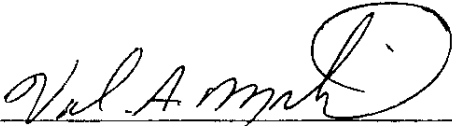
\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
CLC Management LLC
2. The Articles of Organization were filed on October 02, 2006 and assigned
document number L06000095912
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).
The LLC no longer has any members.
The LLC was used as a rental property management tool which is no longer needed.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Valerie Martin
19818 Morden Blush Dr.
Lutz, FL 33558
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

Valerie Martin
Printed Name

FILING FEE: \$25.00

FILED
JUL 16 PM 4:18