L11000132506

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SECRETARY OF STATE
TALLAHASSEEL FI OWN.

03/01/10

COVER LETTER

Division of Corporations
BLECT: CLEARCONDO LLC
(Name of Limited Liability Company)
he enclosed Articles of Dissolution and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
David Michael Eason (Name of Person)
,
(Firm/Company)
(Funicompany)
2206 Ellicott D.
(Address)
(City/State and Zip Code) (Firm/Company) A SECRET RESTRICT (Address) Tallahassee Florida 32308 From Secretary Se
(City/State and Zip Code)
or further information concerning this matter, please call:
David Michael Faso at (850) 508-0202 (Name of Person) (Area Code & Daytime Telephone Number)
closed 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:

TO:

Registration Section

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
	CLEAR CONDO
2.	The Articles of Organization were filed on $\frac{11/22/2011}{}$ and assigned
	document number <u>L11000132506</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
	Consert of all members Dissolution of Assets
	Contest St all themes vissolulian of these is
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Devid Michiel Eusen
	2206 Ellicott Dr
	Tallahassee, Florida 32308
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
<u>}</u>	Signature David Michael Elson Printed Name
	Signature Filling Figure

FILING FEE: \$25.00