

# L1200008467S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

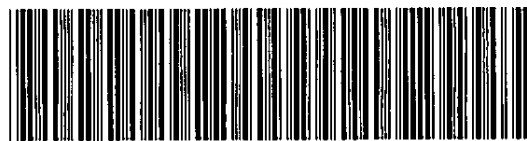
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 18 2016

# VOLPINI & ASSOCIATES

955 WEST ST. CLAIR AVENUE  
CRITTENDEN COURT, SUITE 215  
CLEVELAND, OHIO 44113  
PHONE: (216) 367-5665  
FAX: (216) 367-5667

October 14, 2016

Secretary of the State of Florida  
Registration Section:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Dissociation of Resignation of Member, Manager  
from Florida or Foreign Limited Liability Company  
for Ken Imm

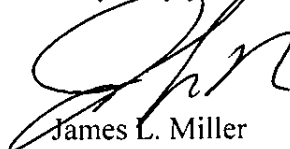
Dear Sir/Madam,

Enclosed please find:

1. A cover letter; and
2. An executed form for Dissociation of Resignation of Member, Manager from Florida or Foreign Limited Liability Company for Clearwalling, LLC, Registration No. L12000084675 for Ken Imm; and
3. Check No. 1540 in the amount of \$25.00 (Twenty-Five Dollars) for the filing fee.

If you have any questions regarding any of the enclosures, do not hesitate to contact me.

Very truly yours,



James L. Miller

JLM/dlu  
Enclosures

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clearwalling, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James L. Miller

(Contact Person)

Volpini & Associates

(Firm/Company)

75 Public Square, Ste. 1310

(Address)

Cleveland, Ohio 44113

(City/State and Zip Code)

For further information concerning this matter, please call:

James L. Miller

(Name of Contact Person)

at 440 476-4875

(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E079 (2/14)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CLEARWALLING, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000084675

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/14/2016

4. I, KEN IMM, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER (MGRM)

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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