

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KURKIN FOREHAND BRANDES, LLP.  
Account Number : I20090000016  
Phone : (850) 391-5060  
Fax Number : (850) 391-2645

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLERMONT NISS, LLC

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clermont Niss, 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:

Melissa Munchick, Esq.

(Contact Person)

Kurkin Brandes LLP

(Firm Company)

18851 NE 29th Avenue, Suite 303

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Munchick at 305 929-8500  
(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:

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

CR21.079 (2-14)

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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: Clermont Niss, LLC

2. The Florida document/registration number assigned to this limited liability company is: L12000116306

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 3, 2014

4. I, Raymond Reed, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Managing Member

(Print Title)

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

A handwritten signature in black ink, appearing to read "Raymond B. Reed", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

CR21E079 (2/14)

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