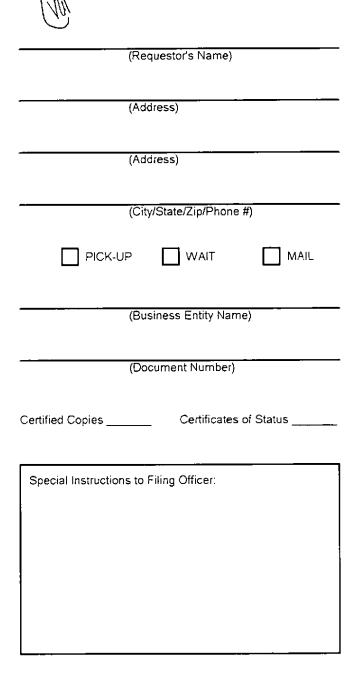
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Office Use Only



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2023 DEC | 2 PM 2: | 4 SECRETARY OF STATE



## 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 Departmen
of State is: CLEF	RMONT SOCCER CLUB LLC		
2. The Florida doci	ument/registration number as	ssigned to this limited liab	oility company is:
L13000122565		<u></u> .	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	rsign is: 12/8/2023
4. 1, Juan C Gil (Print Name of Person Resigning)		, hereby withdraw/re	esign as a
MGRM	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th	ne limited liability compar	ny has been notified of my
46	Ceil		φ <b>2</b>
Signature of D	issociating Member or Resig	ning Manager	FORH
~	\$25.00 (Required) \$30.00 (Optional)		FILED  1023 DEC 12 PH 2: 1  SECRE JARY OF STA TALLAHASSEE, FI

## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: CLERMONT SOCCER CLUB L	.LC	
	Limited Liability Co	ompany)
The enclosed member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to	y:
Juan C Gil		
(Contact Person)		<del></del>
(Firm/Company)		_
3602 Shallot Dr. Unit 106		
(Address)		
Orlando, FL 32835		
(City/State and Zip Code)		
For further information concerning this m	natter, please call	1:
Juan C Gil	at ( <u>352</u>	2236311
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida	Department of State for:
■ \$25 Filing Fee		ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tananassee, FL 32314		Tallahassee, FL 32303