

L14000012096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLCRAWFORD, 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:

KAMIL BITAR

(Contact Person)

(Firm/Company)

5541 Bay Blvd. #550

(Address)

New Port Richey, Florida 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

Kamil Bitar

(Name of Contact Person)

at (727) 420-7526
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2023

KAMIL BITAR
5541 BAY BOULEVARD #550
NEW PORT RICHEY, FL 34668

SUBJECT: CLCRAWFORD L.L.C.
Ref. Number: L14000012096

We have received your document for CLCRAWFORD L.L.C. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

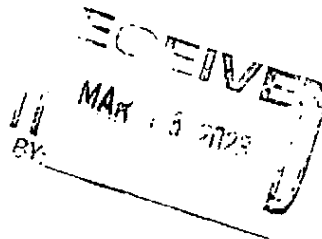
Please enter the date the member withdrew or resigned from the company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 123A00003990





FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2023 MAR 15 AM 7:12

STATE OF FLORIDA

**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: CLCRAWFORD, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000012096

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-14-2020

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

Manager KAMIL BITAR
(Print Title)

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

Kamil Bitar

Signature of Dissociating Member or Resigning Manager

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