14000163606

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ddress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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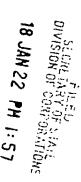


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K SALY JAN 24 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CLEAR 2 CLOSE PROCESSING LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L14000163606	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
DANIEL M. KEIL	
Name of Person	
DANIEL M. KEIL	
Name of Firm/Company	
6500 COWPEN ROAD SUITE 301	
Address	
MIAMI LAKES, FL 33014	
City/State and Zip Code	•
KEILLAW@AOL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DANIEL M. KEIL at (305 Name of Person Area Code	821-5500) Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATÉMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida State	ites, the undersigned.	DIVES:
DANIEL M. KEIL		, hereby resigns as	18 JAN 22
N:	me of Registered Agent	thereby resigns as	S SE
Registered Agent for CLEAR 2 CLOSE PROC		NG LLC	3
<u> </u>			- · · · ·
	Name of Limited Liability Cor	npany	ر ن
L14000163606			
Document Numb	er, if known		
		nited liability company at its last know	
The agency is terminated a	nd the office discontinued on the	31st day after the date on which this s	tatement is filed.
_	Signature of Re	signing-Agent	
If signing on behalf of an e	ntity:		
_	Typed or Printed N	ame	
	Capacity		

FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/volume Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314