46000136128

| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Delices Schollers) | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
| | _ | |
| | | |
| Special Instructions to Filing Officer: | | |
| | | |
| J DEMACO | | |
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Office Use Only



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SECULIARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Clear Living Connection LLC Some of Limited Liability Company) | | | |
|---|--|--|--|
| Mame of Limited I | Liability Company) | | |
| | | | |
| The enclosed Articles of Dissolution and fee(s) are submitted | for filing. | | |
| Please return all correspondence concerning this matter to the | following: | | |
| | | | |
| Jill S. T | Dixon | | |
| (Name o | f Person) | | |
| | | | |
| (Firm/C | ompany) | | |
| 000 | -0 | | |
| P.C. Box 8353 (Address) Naples, FL 34101 (City/State and Zip Code) | | | |
| | | | |
| Naples, TL 3 | 4101 | | |
| 1 (City/State a | nd Zip Code) | | |
| For further information concerning this matter, please call: | | | |
| Till C Six a | 126 162 5000 | | |
| (Name of Person) | at (<u>239</u>) <u>293-5770</u> (Area Code & Daytime Telephone Number) | | |
| | | | |
| Enclosed is a check for the following amount: | | | |
| ☐ \$25.00 Filing Fee and Certificate of Dissolution | V\$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) Check enclosed #how | | |
| Mailing Address: | Street Address: | | |
| Registration Section | Registration Section | | |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |
| | Tallahassee, FL 32303 | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability | |
|--|--|
| _ Clean L | were filed on Thy 20, 2016 and assigned |
| 2. The Articles of Organization | were filed on Thy 20, 2016 and assigned |
| document number <u>L</u> 1 | <u>e000136128</u> |
| Note: If the date inserted in th | dissolution if not effective on the date of filing: Accept 1,2023 and cannot be prior to or more than 90 days later than date document is received for filing) is block does not meet the applicable statutory filing requirements, this date will not be redate on the Department of State's records. |
| 4. A description of occurrence t 605.0707, Florida Statutes, (c | nat resulted in the limited liability company's dissolution pursuant to section ppy 605.0707 on back cover letter). |
| | my prpose. Desire to dissolve |
| | |
| | |
| | |
| 5. If there are no members, ente | the name and address of the person appointed to wind up the company's |
| activities and affairs: | Jill Dxon |
| | PO Box 8353 |
| | Naples, FC 34101 |
| 6. Signature of an authorized peabove to wind up the company's | rson or if there are no members, the signature of the person appointed and listed activities and affairs: |
| All Signature | Printed Name |
| V | FILING FEE: \$25.00 |