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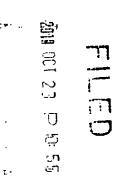
| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (=,-=,,, | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
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|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



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10/23/18--01027--010 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| Clearwater Goods LLC | |
| (Name of Limited Liability C | ompany) |
| The enclosed member, resignation or dissociation and fee | (s) are submitted for filing. |
| Please return all correspondence concerning this matter to | o: |
| Hany Mosaad (Contact Person) | |
| (Contact Person) | _ |
| Clearwater Goods LLC | |
| (Firm/Company) | — |
| 1832 US Highway 19 N | ب اب ن |
| (Address) | |
| Holiday FL 34691 | p- |
| (City/State and Zip Code) | _ |
| For further information concerning this matter, please cal | l: |
| Many Mosa ad at (443 (Area Coo |) 803-1701 de & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

CR2E079 (2/14)

Tallahassee, Florida 32301



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 Flo | orida Department |
|--|---------------------------|---|------------------------|
| of State is: | rwater Goods LLC | | |
| | ument/registration number | assigned to this limited liability com | pany is: 👌 🗍 |
| 3. The date this me | mber/manager withdrew/re | resigned or will withdraw/resign is: | 0/1/2018 ^{ජූ} |
| 4.1. Hany | | , hereby withdraw/resign as a | |
| AMBR | | | |
| • | (Print Title) | · | |
| of this limited lia resignation in wr | | the limited liability company has bee | n notified of my |
| Hay Q | mosaad | | |
| Signature of D | issociating Member or Res | signing Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |