

L18 000157673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

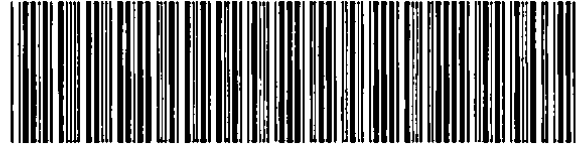
(Business Entity Name)

(Document Number)

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JAN 25 2021

S. YOUNG

2020 DEC 11 PM 6:48

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clear Direction Management LLC

Name of Limited Liability Company

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rowena Flanders

Name of Person

Clear Direction Management LLC

Name of Firm/Company

5378 Brookline Dr

Address

Orlando, FL 32819-4054

City/State and Zip Code

rowenaramos817@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rowena Flanders

Name of Person

at (407)

Area Code

758-5891

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for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Cameron B. Kuhn _____, hereby resigns as
Name of Registered Agent

Registered Agent for Clear Direction Management, LLC

Name of Limited Liability Company

L18000157673

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Cameron B. Kuhn

Typed or Printed Name
Registered Agent

Capacity

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TALLAHASSEE, FL

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	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