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## COVER LETTER

TO:	Regi	stration Section		
	Divis	sion of Corporations		
SUBJ	IECT:	CLEAR CONSTRUCTORS, LLC		
		(Name of Limi	ted Liability Co	mpany)
The e	nclosed	d member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please	e return	all correspondence concerning	this matter to:	
Tyler (	Oldenbu	rg, Esq.		
		(Contact Person)		_
Marks	Gray, P.	.A.		
		(Firm/Company)		-
1200 R	Riverplac	ce Blvd., Suite 800		
		(Address)		<del>-</del>
Jackso	nville, F	L 32207		
		(City/State and Zip Code)		_
For fu	irther ii	nformation concerning this matte	er, please call:	
Tyler (	Oldenbu	rg	904 at (	807-2175
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable to	the Florida I	Department of State for:
□ \$2:	5 Filing	g Fee	■ \$55 Filing	g Fee & Certified Copy
		ng Address:		Street Address:
		stration Section		Registration Section
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
		,		Tallahassee, FL 32303



## 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)

	limited liability company a	s it appears on the records of the	Florida Department
2. The Florida docu W18000064139	ment/registration number a	assigned to this limited liability co	ompany is:
3. The date this mer	nber/manager withdrew/re	signed or will withdraw/resign is:	11/23/2020
		, hereby withdraw/resign as	
	Print Title)		
of this limited liab resignation in writ		ne limited liability company has t	peen notified of my
Fin !	Come		
/Signature of Dis	sociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		7. Feb.
Certified Copy:	\$30.00 (Optional)		10EC-9 PH 6

CR2E079 (2/14)