

L19000043810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

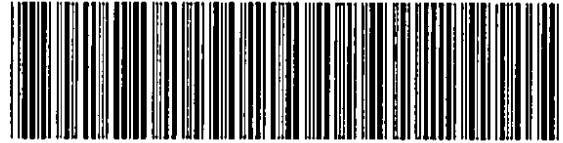
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20-JAN-2 PM 2:27

CLERK OF STATE
DIVISION OF CORPORATION

JAN 30 2020
C. MCNEIL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLUTCH HIT INVESTMENTS LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN SIMEONE
(Contact Person)

CLUTCH HIT INVESTMENTS, LLC
(Firm/Company)

5234 FAIRWAY ONE DRIVE
(Address)

VALRICO, FLORIDA 33596
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN SIMEONE at (813) 220 7681
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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

20 JAN -2 PM 2:21
RECEIVED
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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)

20 JAN -2 PM 2:21
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CLUTCH HIT INVESTMENTS LLC

2. The Florida document/registration number assigned to this limited liability company is:

L19000043810

3. The date this member/manager withdrew/resigned or will withdraw/resign is: DECEMBER 18, 2019

4. I, KELLY SIMEONE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR # MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Kelly Simeone
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)