

L19000043810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

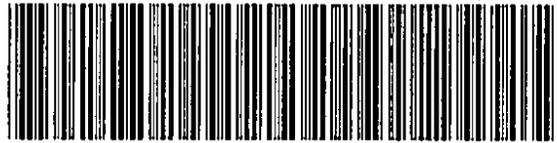
(Business Entity Name)

(Document Number)

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20-JAN-2 PM 2:27  
OFFICE OF STATE  
CORPORATION

JAN 30 2020  
C. MCGUIRE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLHASSEE, FLORIDA  
20 JAN -2 PM 2:27

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

**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 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)