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Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	





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8/27/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cloutler 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:
Alfred J. Clouser III (Contact Person)
Clouter Investments LLC (Firm/Company)
195 Superior Street
De Hong Fl 32725 , (City/State and Zip Code)
For further information concerning this matter, please call:
Alfred J. Clouter TT at (384) 4/79-3803 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \pm
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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 of State is:	company as it appears on the records of the Florida Department TOUS + MEN + 5 LLC
2. The Florida document/registrati	on number assigned to this limited liability company is:
3. The date this member/manager	withdrew/resigned or will withdraw/resign is: $8-17-21$
4. I. Print Name of Person Res	OUTEC., hereby withdraw/resign as a
MCL (Print Title)	·
of this limited liability company resignation in writing.	and affirm the limited liability company has been notified of my
Signature of Dissociating Men	ber or Resigning Manager
Filing Fee: \$25.00 (Rec Certified Copy: \$30.00 (Opt	