## L21000363043

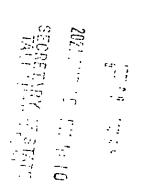
(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

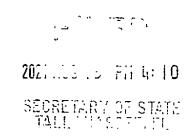
TO: Registration Section Division of Corporations	
SUBJECT:	Ompany)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
Alfred J Clowther III (Contact Person)	
Clouder Investments LLC (Firm/Company)	. <u> </u>
195 Speriar Street	•••
Deltona Fl 32725 (City/State and Zip Code)	<del>_</del>
For further information concerning this matter, please cal	II:
Alfred J. Mouther III at (386 (Name of Contact Person) (Area Co	<u>179-3803</u> de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  ■ \$25 Filing Fee	a Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





## 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)

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Department
	ment/registration number assigned to this limited liability company is:
4.1. Matt	mber/manager withdrew/resigned or will withdraw/resign is: 2122
AM	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Mallow Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)