P21000390759

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Stylicated Ziphi Hollow)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CLEARKNOX LLC	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L21000390759	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Brenna Lutter	
Name of Person	-
Business Filings Incorporated	
Name of Firm/Company	-
8020 Excelsior Drive Suite 200	2024 AUG
Address	
Madison, WI 53717	00 mayer
City/State and Zip Code	MHI: 36
E-mail address: (to be used for future annual report notification)	- "
For further information concerning this matter, please call:	
Brenna Lutter 608	827-5300
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the u	ndersigned,		
Business Filings In	ncorporated	, hereby resigns as		
	Name of Registered Agent	: neredy resigns as		
Registered Agent for _	CLEARKNOX LLC			-
	Name of Limited Liability Company		-	.•
L21000390759				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liabil	ity company at its last know	n address.	
The agency is terminate	ed and the office discontinued on the 31st day a	after the date on which this s	tatement is	s filed
	Burne Signature of Resigning Ager	(i)	3024 AUG	1.0
If signing on behalf of a	in entity:	15 KI 17 July	8	الجور الكشة,
	Brenna Lutter	12.5	C*	4
	Typed or Printed Name			
	Asst Secretary for Business Filings In	ncorporated 🔄	AM II: 36	
	Capacity		Ö	

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Taffahassee, FL 32314