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(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
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COVER LETTER

Division of Corporations CL Supply LLC SUBJECT: (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: Joshua Zitting (Contact Person) CL Supply LLC (Firm/Company) 8017 13th ave s. (Address) St Petersburg Fl, 33707 (City/State and Zip Code) For further information concerning this matter, please call: Joshua Zitting (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: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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)

	limited liability company as		s of the Florida Department
2. The Florida doct	iment/registration number a	ssigned to this limited lia	ibility company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/r	esign is: 4/16/2023
4. t. Otis Clossen, hereby withdraway, hereby withdraway, hereby withdraway, hereby withdraway withdraway, hereby withdraway withdraway withdraway, hereby withdraway wi			
MBR	Print Title)		
of this limited lial resignation in wr	bility company and affirm thing.		iny has been notified of my
Signature of Di	ssociating Member or Resig	ming Manager	2023
_	\$25.00 (Required) \$30.00 (Optional)		PILED 2023 HAY - 1 AMIL: