

L23000427415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

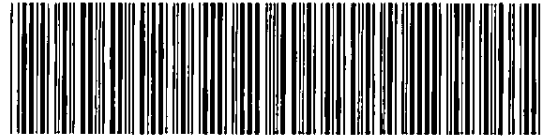
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100417136851

10/10/23 10:02:49 29.00

FILED

2023 OCT 10 AM 6:49

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLM DEVELOPMENTS 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:

PATRICIA NUNES

(Contact Person)

TAX SOLUTIONS & BOOKEEPING LLC

(Firm/Company)

7751 KINGSPONTE PKWY SUT 119

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA NUNES

(Name of Contact Person)

at (407) 930-0829  
(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



FILED

2023 OCT 10 AM 6:49

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 limited liability company as it appears on the records of the Florida Department of State is: CLM DEVELOPMENTS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000427415

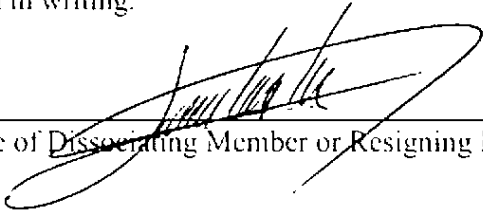
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/28/2023

4. I, DUSAH INTERNACIONAL LTD, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager