

L24000257029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

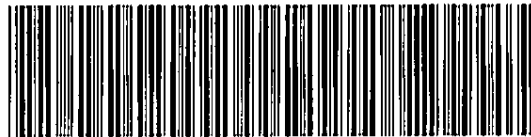
(Document Number)

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J. HORNE
SEP 22 2025

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2025 SEP 19 PM 2:21
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2025 SEP 19 PM 3:40

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 09/19/2025

NAME: CLEAR WAVE MORTGAGE LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEAR WAVE MORTGAGE, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR REMPP

(Name of Person)

CLEAR WAVE MORTGAGE LLC

(Firm/Company)

2060 HORSE PRAIRIE RD

(Address)

RENO, NV 89521

(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR REMPP

(Name of Person)

916

833-3203

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2025 SEP 19 PM 3:41

1. The name of a limited liability company is
CLEAR WAVE MORTGAGE, LLC

2. The Articles of Organization were filed on JUNE 10, 2024 and assigned
document number L24000257029

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

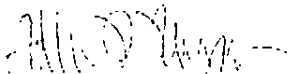
VOLUNTARY DISSOLUTION

VOLUNTARY DISSOLUTION

VOLUNTARY DISSOLUTION

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:


Signature,

ARTHUR REMPP

Printed Name

FILING FEE: \$25.00

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(City/State and Zip Code)

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(Name of Person)

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at ()

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