## M10000003328

| (Pequestor's Name)                      |  |
|---|--|
| (Address)                               |  |
|   |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| (Only) Carton Ziphi Horicony            |  |
| PICK-UP WAIT MAIL                       |  |
|   |  |
| (Business Entity Name)                  |  |
|   |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
|   |  |
| Special Instructions to Filing Officer: |  |
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Office Use Only



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FILED

2015 OCT 14 PM 2: 02
TALLAMASSEE FLORIDA

ur 15 cci

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 830957 4360800

AUTHORIZATION :

COST LIMIT : \$\sqrt{26.00}

ORDER DATE: October 14, 2015

ORDER TIME : 12:09 PM

ORDER NO. : 830957-015

CUSTOMER NO: 4360800

## FOREIGN FILINGS

NAME: CLEAR MANAGEMENT SERVICES LLC

\_ CORPORATE \_ LIMITED PARTNERSHIP \_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## **COVER LETTER**

TO:

Registration Section

| Div   | vision of                                   | Corporations                           |  |   |                                      |  |
|---|---|--|--|---|--------------------------------------|--|
| SUBJECT:  | Clear Management Services LLC               |  |  |   |                                      |  |
| sobsec.   | (Name of Foreign Limited Liability Company) |  |  |   |                                      |  |
| Dear Sir or N   | Madam:                                      |  |  |   |                                      |  |
| The enclosed  | d withdra                                   | wal and fee(s) are submitte            | ed for filing.   |   |                                      |  |
| Please return   | all corre                                   | spondence concerning this              | matter to the following  | g:  |                                      |  |
| Lora E. K   | (eithley                                    | <i>,</i><br>,                          |  |   |                                      |  |
|   |   | (Name of Person)                       |  | <b></b>   |                                      |  |
| Sprint Co   | orporati                                    | on                                     |  |   |                                      |  |
|   |   | (Firm/Company)                         |  | -   | 7A.E. 20                             |  |
| 6200 Spri   | int Par                                     | kway, MS:KSOPHF0                       | )302-3B124   |   | BECRETARY OF STATE LLAHASSEE. FLORIO |  |
|   |   | (Address)                              |  | <del>-</del>  | Jass<br>Aby<br>hI                    |  |
| Overland  | Park,                                       | KS 66251                               |  |   | Z S ≥                                |  |
|   |   | (City/State and Zip Cod                | lc)  | -   | TATE ORIO                            |  |
| For further in  | nformatio                                   | n concerning this matter, p            | lease call:  |   | _                                    |  |
| Lora E. K   | eithley                                     |  | 913<br>at (  | 794-1411  |                                      |  |
|   | (Na:  | ne of Person)                          | (Area Code &   | Daytime Telephone Nur                                   | nber)                                |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Cinclosed is a check for the following amount: |   | Regis<br>Divisi<br>P.O. E<br>Tallah    | LING ADDRESS:<br>tration Section<br>ion of Corporations<br>Box 6327<br>nassee, Florida 32314 |   |                                      |  |
| □ \$25 Filing   |   | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy  | S60 Filing Fee,<br>Certificate of Sta<br>Certified Copy | tus &                                |  |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Clear Management Services LLC   |             |
|---|-------------|
| (Name of limited liability company)   | <u> </u>    |
| Nevada  |             |
| (Jurisdiction of its organization)  | -           |
| 5/24/2010   |             |
| (Date registered with Florida Department of State)                                    |             |
| M10000002328  |             |
| (Florida Document Number)   | # <u> </u>  |
| This limited liability company is withdrawing its certificate of authority in this si | ate.        |
|   | STATE STATE |
| (Signature of authorized representative)  | _           |
| Stefan K. Schnopp, Assistant Secretary  |             |
| (Typed or printed name of signee)   | <del></del> |

Filing Fee: \$25.00