## #M14000005141

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<u></u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2015 JUL -7 PH 12: 04
SEURETARY OF STATE
ALLAHASSEE, FI MADIA

K. SALY EXAMINER JUL 1 0 2015

## **COVER LETTER**

Division of Corporations
SUBJECT: Clarity NOW NETWORK 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:
Kelly Kimmelmun (Contact Person)
Clarity Now Network (Firm/Company)
1680 SE Lyngate Dr #202 (Address)
POFT ST. LUCIE, FL 34952 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (501) 685-2141  (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
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section







## 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:	arrty Now Network LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
M140000	05141
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 1/2/15
4. I, Randy of Print No.	hereby withdraw/resign as a mane of Person Resigning)
Meml	
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
N	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)