5/12/2017

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (512)418-6949

Fax Number

: (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL CLEAR COMMUNICATIONS, LLC

Certificate of Status	O
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Fifing Menu

Help

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	gistration Section vision of Corporations		·	
SUBJECT:	Clear Communications, LLC			
SOBBECT,	(Name of Fore	eign Limited Liabilit	y Company)	
Dear Sir or l	Madam:			
The enclose	d withdrawal and fee(s) are submitted	l for filing.		
Please retur	all correspondence concerning this	matter to the followi	ng:	
Richard Yu	rich			
eso aceuro-monete ema no tem	(Name of Person)		remand	
Clear Com	nunications, LLC	j	"c 34	
	(Firm/Company)	-	··········	
12316 Hidd	len Forest Blvd.			
	(Address)			
Oklahoma (Ćity, OK 73142			
	(City/State and Zip Code	;)		
For further i	information concerning this matter, pl	caso call:		
Judith A. R	iley	405 at (755-8177	
	(Name of Person)	(Area Code	& Daytime Telephone Number)	

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> : 12:

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

□ \$25 Filing Fee □ \$30

□ \$30 Filing Fee & Certificate of Status

☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filling Fee, Certificate of Status & Certified Copy

Clear Communic	rations, LLC	•
	(Na	me of limited liability company)
Delaware		
	(Ji	urisdiction of its organization)
9/24/2014		
Make an increment with a new party	(Date regis	tered with Florida Department of State)
M14000006895		•
······································		(Florida Document Number)
This limited li	ability companý is wi	thdrawing its certificate of authority in this state.
	~	<i>7</i>
	(Sign	nature of authorized representative)
	Richard Yurich	(**
	Τ)	Typed or printed name of signee)

Filing Fee: \$25.00

TILE OF STATE ALLAHASSEE FLOSION