

M17000 002 991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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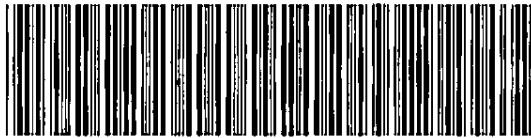
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SUMNER
2019 11 13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clearwater Pie LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M17000002991

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Stallings
Name of Person

RALS
Name of Firm/Company

1013 Centre Road, Suite 403S
Address

Wilmington, DE 19805
City/State and Zip Code

mstallings@inclegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Stallings at (800) 400-6650
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

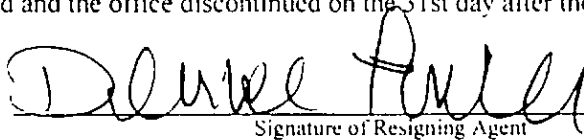
Registered Agents Legal Services, LLC . hereby resigns as
Name of Registered Agent

Registered Agent for Clearwater Pie LLC
Name of Limited Liability Company

M17000002991
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Denise Fowler
Typed or Printed Name

Authorized Person
Capacity

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TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314