

**M19000007876**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL  
CLUTCH COFFEE EXPANSION LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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## COVER LETTER

H23000353605

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clutch Coffee Expansion LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ugur Kocak

\_\_\_\_\_  
(Name of Person)

Clutch Enterprises, Inc.

\_\_\_\_\_  
(Firm/Company)

9450 SW Gemini Dr. PMB 42283

\_\_\_\_\_  
(Address)

Beaverton, OR 97008

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ugur Kocak

\_\_\_\_\_  
(Name of Person)

at ( 647 ) 994-6174  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Clutch Coffee Expansion LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

October 16, 2019

(Date registered with Florida Department of State)

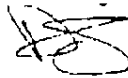
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(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.



(Signature of authorized representative)

Darren Spicer

(Typed or printed name of signee)

Filing Fee: \$25.00

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