

M20 000001878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

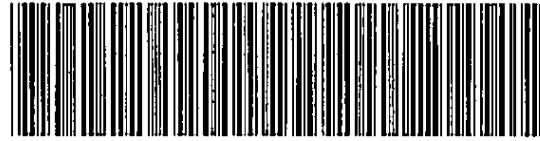
(Business Entity Name)

(Document Number)

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OCT 17 AM 10:31

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clearwell Advisors, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M20000001878

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:

Hanna Wolf

Name of Person

Global Virtual Agent Services, LLC

Name of Firm/Company

651 N. Broad St., Ste 308

Address

Middletown, DE 19709

City/State and Zip Code

hanna.wolf@agilelegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hanna Wolf

Name of Person

at ( 302 ) 376-6710

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

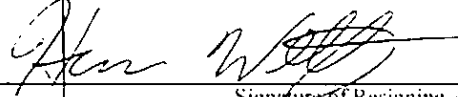
Global Virtual Agent Services, LLC hereby resigns as  
Name of Registered Agent

Registered Agent for Clearwell Advisors, LLC  
Name of Limited Liability Company

M20000001878  
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:

Hanna Wolf  
Typed or Printed Name

Authorized Person  
Capacity

FILED  
2022 OCT 17 AM 10:31  
TALLAHASSEE, FL

**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