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COVER LETTER

Division of (
Clearwa	ater KM, LLC		
SUBJECT:	(Name of For	eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	d for filing.	
Please return all corre	espondence concerning this	matter to the following:	
Kevin P. Murphy, Es	sq.		
	(Name of Person)		
WALTER HAVEFII	ELD LLP		
	(Firm/Company)		
1301 E. 9th Street, S	uite #3500		
	(Address)	· ·	
Cleveland, Ohio 441	14		
	(City/State and Zip Cod	e)	
For further information	on concerning this matter, p	lease call:	
Pamela Hafer		216 at (928-2919
(Na	ime of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
S \$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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SECRETARY OF STATE
TALLAHASSE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

.

Clearwater KM, LLC
(Name of limited liability company)
Ohio
(Jurisdiction of its organization)
October 19, 1998
(Date registered with Florida Department of State)
M98000001215
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Signature of authorized representative)
(Typed or printed name of signee)

Filing Fee: \$25.00