## L06000006573

(Requestor's Name)	
(Address)	
. (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
A. LUNT	
JUL <b>28</b> 2009	
EXAMINER	

Office Use Only



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07/27/09--01027--007

\*\*25.00

SECRETARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DEVINE POOL CONSTRU	700
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
MIGUEL A. ROMAN	SEC
(Contact Person)	AHA
DEVINE POOL CONSTRUCTION L	C (SSE
(Firm/Company)	
13521 PRESTWICK DRIVE	TATE
(Address)	<b>─</b>
RIVERVIEW, FLORIDA 33579	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, pl	ease call:
MONIKA E. HOWARD	813 448-4716
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Evecutive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it appears on the records of the Flo	orida De	epartme	ent
	cy company was organized under the laws of: MITED LIABILITY COMPANY	SECRETARY OF	109 JUL 27 P	- - -
3. The Florida docum L060000065	ent/registration number of this limited liability company is: 73	STATE FLORIDA	PH 4: 17	Ċ
4. I, MONIKA E.	, , , , , , , , , , , , , , , , , , ,	)9 int Title)	<del></del>	<del></del>
resignation in writing	ity company and affirm the limited liability company has beeng.  one of Manager	n notifi	ed of n	ny
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			