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AUG 3 0 2022 S. PRATHE!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Utopia Pool SERVICE LLG (Name of Limited Liability Comp	Dany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
ASHLEY BLUM (Contact Person)	
UTOPIA POOL SERVICE ULC (Firm/Company)	
1200 CRESTWOOD COURT SOUTH WITT (Address)	¥1908
ROYPL PPLY BEACH, FL 3341) (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (SUI) (Area Code &	281 - 5800 R Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De ☐ \$25 Filing Fee ☐ \$55 Filing I	partment of State for: Fee & Certified Copy
Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it a	appears on the records of the Flo	orida Departi	nent
of State is:	HOPIA POOL SERVICE	ie LLC		·
2. The Florida doc	ument/registration number assig	gned to this limited liability com	pany is:	
L19000	1150935	·		
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:	FO-W	<u>-0000</u>
4.1. Steve	lame of Person Resigning)	, hereby withdraw/resign as a		
<u> </u>	eR/Mchazel			
of this limited lia resignation in wr		imited liability company has bee	n notified of	`my
8ignature of D	issociating Member or Resignin	g Manager	KLLAJIA	511 NNF 2302
Filing Fee: Certified Copy:			ASSEE, FLORI	*11.ED