

PD6000035228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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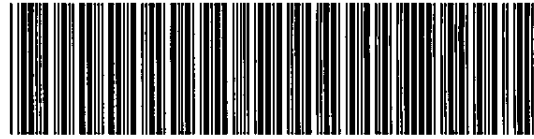
(Business Entity Name)

(Document Number)

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04/07/14--01032--025 \*\*43.75

APPROVED  
AND  
FILED

14 APR - 7 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 10 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AGAPE POOL SERVICE INC.

**DOCUMENT NUMBER:** P06000035028

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Norman J. Rothchild**

(Name of Contact Person)

(Firm/Company)

**1405 Beaver Run Road**

(Address)

**Niceville, FL. 32578**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Norman J. Rothchild**

(Name of Contact Person)

at ( **850** ) **585-6966**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
**AGAPE POOL SERVICE INC.**

SECOND: The document number of the corporation (if known): **P06000035028**

THIRD: The date dissolution was authorized: **03/19/2014**

Effective date of dissolution if applicable: **04/09/2014**  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_ (voting group)

Signature: *Norman J. Rothchild*  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

**Norman J. Rothchild**

\_\_\_\_\_  
(Typed or printed name of person signing)

**President**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**


APPROVED  
AND  
FILED  
14 APR - 7 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

14 APR -1 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 LIMITED LIABILITY PARTNERSHIP ANNUAL REPORT  
FEE IS \$25.00! REPORT DUE BY MAY 1, 2014

SECRETARY OF STATE  FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

REGISTRATION # LLP010001118  
1. Name and Mailing Address

SARASOTA PROFESSIONAL ENTERPRISES II, L.L.P.

2001 WEBBER STREET  
SARASOTA, FL 34239

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

LLP#

LLP140001748-S  
04/01/14--01030--008 \*\*25.00  
CR2E029 (2/10)

2. New Mailing Address, if Applicable:

Suite, Apt#, etc.

City State Zip Code

3. Principal Place of Business Address

2001 WEBBER STREET  
SARASOTA, FL 34239

4. New Principal Office Address, if Applicable:

Suite, Apt#, etc.

City State Zip Code

5. Federal Employee Identification Number

65-0130157

Applied For
Not Applicable

6. Certificate of Status Desired:

\$8.75 Additional Fee Required

7. Name and Address of Registered Agent

CLACK, W. PEARSON  
2001 WEBBER STREET  
SARASOTA, FL 34239

8. New Name and/or Address of Registered Agent:

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

City Zip Code

9. New Registered Agent's Signature, if Changed  
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE.

10. General Partner's Signature (REQUIRED)  
The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE: W. Pearson Clack, M.D. Date: 3-18-14 Daytime Phone #: 9-11-362-8924

E-mail Address: pluz1@sarapath.com  
(To be used for future annual report notifications)

*W.P.*