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SECRETARY OF STATENS
DIVISION OF CORPORATIONS
07 JAN 25 PM 2:51

JAN 2 6 2007

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Spa And Pool Service, L.L.C. (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jayven Rappa (Contact Person)
A Spa And Pool Service, L.L.C. (Firm/Company)
PO Box 182 (Address)
Dunedin FL 34697 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 725-465 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability compa				Department
of State is:A	Spa And	Pool	Dervice	<u>L-L-C.</u>	•
2. This limited liabi	lity company was orga	anized under	ŕ		OT JAN 25
	ment/registration num	ber of this li	imited liability	company is:	PH 2:51
4. I, <u>Jane</u> (Print No.	t L Brad	ley,	hereby resign a	sa <u>Manasio</u> (Prin Till	y member
of this limited liab resignation in wri	oility company and affiting.	irm the limit	ed liability com	npany has been noti	ified of my
	note Br				
	gning Member, Manag	ging Membe	r or Manager		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				