

106000089197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

M. THOMAS

SEP 19 2008

EXAMINER

1118-50816

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST POOL SERVICE OF SOUTH FLORIDA INC

(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:

LLOYD RANDALL

(Contact Person)

LIBERTY TAX SERVICE

(Firm/Company)

2863 NORTHLAKE BLVD STE 9

(Address)

LAKE PARK FLORIDA 33403-1959

(City/State and Zip Code)

For further information concerning this matter, please call:

LLOYD RANDALL

(Name of Contact Person)

at 561 841-1600

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &

Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079.(5/06)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BEST POOL SERVICE OF SOUTH FLORIDA LLC.

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L06000089197

4. I, LINDA MARIE ROCHA, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink that appears to read "Linda Marie Rocha".
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA

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