LD60000096540

| (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: | |
|--|---|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (City/State/Zip/Phone #) |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | PICK-UP WAIT MAIL |
| (Document Number) Certified Copies Certificates of Status | |
| (Document Number) Certified Copies Certificates of Status | |
| Certified Copies Certificates of Status | (Business Entity Name) |
| Certified Copies Certificates of Status | |
| Certified Copies Certificates of Status | (Document Number) |
| | (Socialist Hallisel) |
| | |
| Special Instructions to Filing Officer: | Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: | |
| Special Instructions to Filing Officer: | |
| | Special Instructions to Filing Officer: |
| | |
| | |
| | |
| | |
| | |
| | |
| | 1 |
| | |

Office Use Only



400378378834



12/28/21--01019--012 **25.00

EFFECTIVE DATE

ALL DICS

121 DEC 28 PH 2: 2

大田のゴージーフ

DEC 29 2021 I ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Florida Pool Finishers, LLC | |
|-----------------------------|--|
| | |
| | |
| | |
| | |
| | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | |
| | |
| | Merger File |
| | Art, of Amend, File |
| | RA Resignation Dissolution / Withdrawal |
| | |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| Signature | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
| Requested by: | UCC 1 or 3 File |
| Name Date Time | UCC 11 Search |
| Malle for Will Disk Ha | UCC 11 Retrieval |
| Walk-In Will Pick Up | Courier |

COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | | | |
|---------------------------|--|--|--|--|--|--|
| SUBJEC | Florida Pool Finishers, LLC | | | | | |
| JODGEC | (Name of Limited Liability Company) | | | | | |
| | | | | | | |
| The enclo | sed Articles of Dissolution and fee(s) are submitted | d for filing. | | | | |
| Please ret | urn all correspondence concerning this matter to th | e following: | | | | |
| | Kari M. Schmitz, III | | | | | |
| | (Name | of Person) | | | | |
| | Karl M. Schmitz, III, P.A. | | | | | |
| | (Firm/Company) | | | | | |
| | 701 Enterprise Rd E., Suite 502 | | | | | |
| | (Address) | | | | | |
| | Safety Harbor, Florida 34695 | | | | | |
| (City/State and Zip Code) | | | | | | |
| For further | er information concerning this matter, please call: | | | | | |
| ŀ | Karl Schmitz | 727 450-0778 at () | | | | |
| - | (Name of Person) | (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is | s a check for the following amount: | | | | | |
| = 9 | \$25.00 Filing Fee and Certificate of Dissolution | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | | | |
| I I | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |

EFFECTIVE DATE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| Florida Pool Finishers, LLC | S | · |
|--|--|--|
| 2. The Articles of Organization were filed o | n October 2, 2006 | and assigned |
| document number £.06000096540 | | |
| 3. The delayed effective date the dissolution (effective date cannot be particular in this block does listed as the document's effective date on the | not meet the applicable statu | tory filing requirements, this date will not b |
| 1. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.070 | in the limited liability com 7 on back cover letter). | npany's dissolution pursuant to section |
| Company has no assets and is no longer doing | business. | |
| 5. If there are no members, enter the name a activities and affairs: | and address of the person a | ppointed to wind up the company's |
| activities and arians. | | |
| | | |
| 6. Signature of an authorized person or if the above to wind up the company's activities ar | ere are no members, the sind affairs: | gnature of the person appointed and list |
| Kimi Pullo AMBR | Kim Puleo, Au | athorized Member |
| Signature | | Printed Name |
| 1 | FILING FEE: \$25.00 | |

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

| Florida Pool Finishers, LLC Name of Limited Liability Company: |
|--|
| Document number of Limited Liability Company is: |
| Date of dissolution was: |
| Description of information that must be included in a written claim: |
| Nature of Claim; Date of Claim; Names of Parties Involved in Claim; Address where events leading up to Claim occu にたと |
| |
| |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1205 N. Franklin Street, Suite 110 |
| Tampa, Florida 33602 |
| Attn: Kim Lively Pulco |
| |
| A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. |
| Kim Lively Puleo |
| Printed Name of the Person Filing Signature of the Person Filing |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00