

L 07000085155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

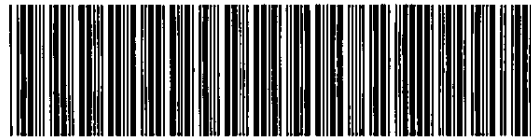
Special Instructions to Filing Officer:

Mr. Greeman gave perm. to  
remove eff. Date as it was  
prior to date of Rec Filed

*[Signature]*

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14 APR 11 10 03  
RECEIVED  
FBI - NEW YORK

M. MILLIGAN  
EXAMINER

APR 11 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2014

BRITE WATER POOL & SPA SERVICES, LLC  
ATTN: PETER J. GOEMAN  
252 BROADWAY  
DUNEDIN, FL 34698

SUBJECT: BRITE WATER POOL & SPA SERVICES, LLC  
Ref. Number: L07000085155

We have received your document for BRITE WATER POOL & SPA SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 414A00006240

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brite Water Pool and Spa Services, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Goeman  
(Name of Person)

Brite Water Pool and Spa Services, LLC  
(Firm/Company)

252 Broadway  
(Address)

Dunedin, FL 34698  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Goeman at (727) 612-5544  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

*\$35 payment previously submitted*

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

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