

**LD8 00000 7657**

\_\_\_\_\_  
(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:

Office Use Only



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12/05/16--01021--024 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**S Warren**

**DEC 06 2016**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Poole N Around, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Brandon Poole

(Contact Person)

Poole N Around, LLC

(Firm/Company)

2145 Delta Blvd, Suite 100

(Address)

Tallahassee, Florida 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

Brandon Poole

at ( 850 ) 528-6394

(Name of Contact Person)

(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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Poole N Around, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L08000007657
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/4/16
4. I, Barry Poole, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
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TALLAHASSEE, FLORIDA