

LD8000100397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

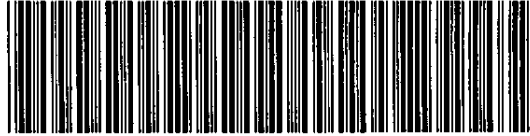
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/15--01017--008 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 27 PM 4: 21

C.L.
4-2-15

15 MAR 27 PM 4: 24



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: POOL CAGE PLUS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L08000100397

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/18/2015

4. I, EVAN GOLDENBERG, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGING MEMBER

(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, appearing to read "Evan Goldenberg", written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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