

210000049673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

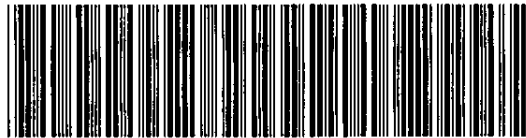
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600273747056

06/12/15--01006--019 \*\*50.00

FILED  
2015 JUN 12 A 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 15 2015  
J BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Florida Pool Authority LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000049673

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shane Collins

Name of Person

The Florida Pool Authority LLC

Name of Firm/Company

211 N Newport Ave

Address

Tampa, FL 33606

City/State and Zip Code

flpoolauthority@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shane Collins

at ( 813 )

495-1090

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

FILED  
2015 JUN 12 A 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jason M Semeyn

, hereby resigns as

Name of Registered Agent

Registered Agent for The Florida Pool Authority LLC

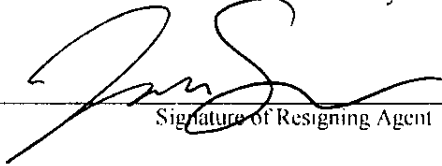
Name of Limited Liability Company

L10000049673

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILED**  
2015 JUN 12 A 11: 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**