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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sapphire Pools of Central Flo (Name of Limited Liability Company)	rida LLC
The enclosed member, resignation or dissociation and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to:	
Ashley Kilfoyle (Contact Person)	
(Firm/Company)	
10937 Arrowtree Blvd	
Clermont FL 34715 (City/State and Zip Code)	2014 2014
For further information concerning this matter, please call:	HAR 19
Ashley Kilfoyle at (321) 231- (Name of Contact Person) (Area Code & Daytime Te	1986 Fig. 29
Enclosed please find a check made payable to the Florida Department of \$\square\$ \$\square\$ \$\square\$ \$55 Filing Fee Certified C	e &
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING A Registration Division of Co P.O. Box 632 Tallahassee,	Section Corporations

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florid of State is: Sapphire Pools of Central Florida L		tment
2. The Florida document/registration number of this limited liability company is: LIOOOO59692. 3. The date this member withdrew or will withdraw is: Dec. 31, 2013 4. I, Ashley Kiffoyle, hereby resign as a Manager of this limited liability company and affirm the limited liability company has been no resignation in writing. Ashley Kiffoyle Signature of Besigning or Dissociating Manager, Member	Tile)	2014 MAR 9 RM 2557

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)