

L110000019577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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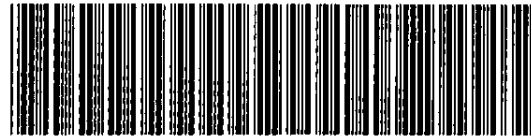
(Business Entity Name)

(Document Number)

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D. BRUCE

SEP 26 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DL Pool Service LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

John C. Goede, Esq.

Name of Person

John C. Goede, P.A.

Firm/Company

8950 Fontana Del Sol Way, Suite 100

Address

Naples, Florida 34109

City/State and Zip Code

john@FLCommunityLaw.com

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

For further information concerning this matter, please call:

John C. Goede, Esq.

Name of Person

at ( 239 )

331-5100

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### 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

## DL Pool Service LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christina Dembowski	13300 S. Cleaveland Ave Fort Myers, Florida 33907	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John C. Goede	8950 Fontana Del Sol Way, Suite 100 Naples, Florida 34109	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 19, 2011

Signature of a member or authorized representative of a member

John C. Goede

Typed or printed name of signee

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TALLAHASSEE, FLORIDA