

L11000034745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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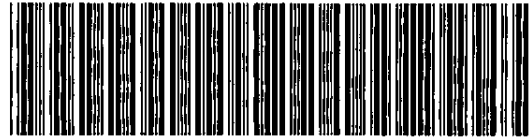
(Business Entity Name)

(Document Number)

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SECRETARY OF REVENUE  
TALLAHASSEE, FL 32310

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLEAN Pools & Services, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000034745

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:

Michael M. Gfesser, Esq.  
Name of Person

Michael M. Gfesser, PA  
Name of Firm/Company

65 PRINCEWOOD LANE  
Address

Palm Beach Gardens, FL 33410  
City/State and Zip Code

MMGFESSER@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gfesser at (561) 301-5648  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SEP 16 PM 3:08  
TALLAHASSEE, FL 32301

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

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

Michael M. Gfesser, hereby resigns as  
Name of Registered Agent

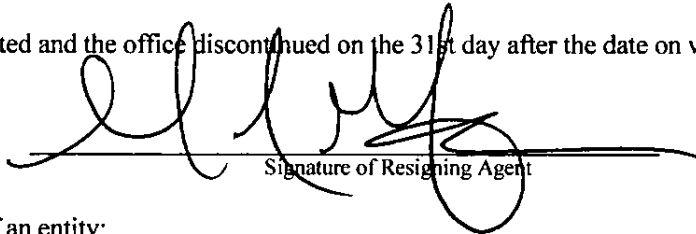
Registered Agent for Clean Pools & Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L11000034745  
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

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

FILED  
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