# L11000051390

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Vista Bol and Sx LLE  Name of Limited Liability Company	
DOCUMENT NUMBER: L 110000 51390	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subn for filing.	nitted
Please return all correspondence concerning this matter to the following:	-
James Hent Name of Person  AREA  NAME  Name of Person	η
Vista Pool and Spa LLC  Name of Firm/Company  20 Crescent Court. N	
20 Crescent Court, N Address	
Palm Coast F2 32137  City/State and Zip Code	
E-mail address: (to be used for future Jannual report notification)	
For further information concerning this matter, please call:	
Dennis Bayer Esq. at (386) 439 2332  Name of Person at (386) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### **MAILING ADDRESS:**

liability company.

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

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

	P. SIFE	M
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned	1,	
Stephanic Amaro, heret	by resigns as	
	3	
Registered Agent for Vista Pool and Spa L	<u>LC</u>	
L 11 0000 51390	······································	
Name of Limited Liability Company		
L 11 000 0 51390  Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability compa	ny at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the description of Resigning Agent	ate on which this statement is t	ñled.
If signing on behalf of an entity:		
_		
Typed or Printed Name	<del></del>	
Capacity		

FILING FEES:

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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