

L11000051390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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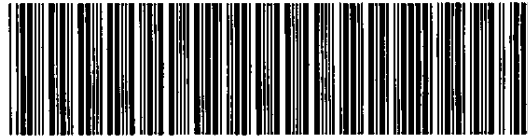
(Business Entity Name)

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9-18-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vista Pool and Spa LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 11000051390

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:

James Hunt
Name of Person

Vista Pool and Spa LLC
Name of Firm/Company

20 Crescent Court, N
Address

Palm Coast FL 32137
City/State and Zip Code

JWH4 Fishing@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Bayer Esq. at (386) 439 2332
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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