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VISION OF THE LINE IN

MAY 2 3 2018

COVER LETTER

TO: Registration Section Division of Corporations

SWIMMING POOL INTERIORS BY ALBERT BASS LLC SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALBERT BASS

(Contact Person)

SWIMMING POOL INTERIORS BY ALBERT BASS LI

(Firm/Company)

5614 CARDER ROAD

(Address)

ORLANDO, FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

ALLISON VIDAL	407	715-3970
	at ()
(Name of Contact Person)	(Area Coc	le & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ______ SWIMMING POOL INTERIORSBY ALBERT BASS LLC
- 2. The Florida document/registration number assigned to this limited liability company is:

L11000096820

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/01/2018

4. I. KARIN L. BASS

, hereby withdraw/resign as a *(Print Name of Person Resigning)*

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy:

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

