

L12000 000101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

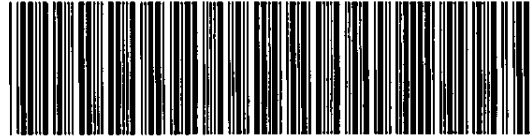
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/16--01015--024 **61.25

FILED
16 AUG 18 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

705



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

JUSTIN BALLARD
337 LAKEVIEW DR
N FT MYERS, FL 33917

SUBJECT: A1 ABSOLUTE POOL CARE L.L.C.
Ref. Number: L12000000101

We have received your document for A1 ABSOLUTE POOL CARE L.L.C. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 316A00006069

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AI Absolute Pool Care LLC
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Justin Ballard
(Contact Person)

337 Lakeview Dr
(Address)

N. Ft Myers, FL 33917
(City, State and Zip Code)

For further information concerning this matter, please call:

Lauri Ballard at (239) 898-4357
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

AI Absolute Pool Care

2. The Articles of Organization were filed on 1/3/2012 and assigned

document number L12000000101

3. The delayed effective date the dissolution if not effective on the date of filing: 3/2/2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No longer service enough pools to
costly maintain an LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

5 AUG 18 AM 7:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Justin G. Ballard
Justin Ballard
Signature

Justin Ballard
Justin Ballard
Printed Name

FILING FEE: \$25.00