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ANALYSEE FI ORIO.

J. BRYAN

APR 17 2012

EXAMINER

COVER LETTER

Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

TO:

Division of Corporations			
SUBJECT: DAVKAR POOLS (Name of Limited Liability Company)	 		
(Name of Limited Liability C	.ompany)		
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for		
Please return all correspondence concerning this matter t	o:		
Karina Zanutelli (Contact Person)			
			
DAUKAR POOLS LLC (Firm/Company)			
12696 Gettysburg Qr.	AASS		
(Address)			
12696 Gettysburg Qr. (Address) Olando, FC 32837	ALLAHASSEE. FLORES		
(City/State and Zip Code)			
For further information concerning this matter, please ca	11:		
Karina Zanutelli at (321) (Name of Contact Person) (Area Co	1165512		
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)		
England along God a shade made namely to the Plantile	Department of Chats Com		
Enclosed please find a check made payable to the Florida	\$55 Filing Fee &		
\$25 Filing Fee	Certified Copy		
1	.,		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability com	pany as it app	ears on the records o	of the Florida Depar	tment
of State is:	DAUKAR	POOLS	<u> </u>		 -•
2. This limited liab	ility company was or	rganized unde	r the laws of:		
	nment/registration nu		imited liability comp	any is:	
4.I. DAVI	D AGUR	70	hereby resign as a	VP	
(Print N	ame of Person Resigning	<i></i>	, , ,	(Print Title)	
of this limited lial resignation in wri		ffirm the limit	ted liability company		-
Signature of Resi	ghing Member, Man	aging Membe	r or Manager	SECRETARY TALLAHASS	<u> </u>
Filing Fee:	\$25.00 (Required	.)		SSI	
Certified Copy:	\$30.00 (Optional)	,		OF STATE	