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B. BOSTICK

DEC - 3 2012

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations**

Piscis Swim Academy

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Patricia A. Gonzalez

(Contact Person)

Piscis Swim Academy LLC

(Firm/Company)

3000 sw 3rd Ave. # 708

(Address)

Miami, Florida 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Gonzalez

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as cis Swim Academy LLC	· •	s of the Florida Department
2. This limited liab	oility company was organized	d under the laws of:	
3. The Florida doc L12000048	ument/registration number o	of this limited liability con	mpany is:
4. I, Patricia A.	Gonzalez Vame of Person Resigning)	hereby resign as a	Managing Member and Registered Agent (Print Title)
•	bility company and affirm th	ne limited liability compa	any has been notified of my
Signature of Res Filing Fee: Certified Copy:	igning Member, Managing I \$25.00 (Required) \$30.00 (Optional)	Member or Manager	NOV 30 PM 3: 3