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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK

MAR - 5 2013

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Horizon Pool Service LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**George Arminio**

Name of Person

**Horizon Pool Service LLC**

Firm/Company

**4490 25th Ave SW**

Address

**Naples FL 34116**

City/State and Zip Code

**george.arminio@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**George Arminio**

Name of Person

at ( **203** ) **558-3150**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

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

3200  
TALLAHASSEE, FLORIDA

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Horizon Pool Service LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeremy Meyers	4490 25th Ave SW	<input checked="" type="checkbox"/> Add
		Naples FL 34116	<input type="checkbox"/> Remove
MGR	Melanie Arminio	4490 25th Ave SW	<input type="checkbox"/> Add
		Naples FL 34116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

George Arminio

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA