# L170000 31025

(Requestor's Name)
(Address)
(Address)
(City/Ctata Zin/Dhase #)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Second Instructions to Filing Officery
Special Instructions to Filing Officer:



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Office Use Only

### **COVER LETTER**

#### **TO:** Registration Section Division of Corporations

SUBJECT: MR POOL SERVICE, LLC

(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:

Mitch Jaffe

(Contact Person)

(Firm/Company)

3255 NW 9th Ave #9817

(Address)

Coral Springs, FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

 Mitch Jaffe
 at (954)
 881-3315

 (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 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)

- The Florida document/registration number assigned to this limited liability company is: L13000031025
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is:
- 4. I. Mitch Jaffe

I. \_\_\_\_\_, hereby withdraw/resign as a (Print Name of Person Resigning)

MGR

(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:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

CR2E079 (2/14)