

LL3000066692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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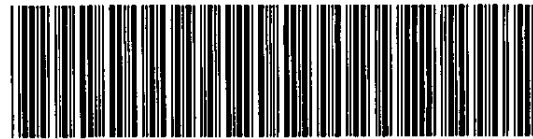
(Business Entity Name)

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DIVISION OF CORPORATIONS

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OCT 24 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advantage Pools, Spas & Service, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000066692

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cameron L. Scott

Name of Person

Odom, Moses & Company, LLP

Name of Firm/Company

4641 W US Highway 90

Address

Lake City, FL 32055

City/State and Zip Code

ash.nash@hotmail.com

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

For further information concerning this matter, please call:

Cameron L. Scott

Name of Person

at (386) 752-4621

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Cameron L. Scott

Name of Registered Agent

, hereby resigns as

Registered Agent for Advantage Pools, Spas & Service, LLC

Name of Limited Liability Company

L13000066692

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Cameron L. Scott

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

DIVISION OF CORPORATIONS

16 OCT 21 PM 4: 03

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FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**