## 130006682

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ALLAHASSEE, FLORIDA

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## COVER LETTER'

SUBJECT: Advantage Pools Spas & Service LLC

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

CR2E079 (2/14)

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

(Name of Emined Elability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
AShley Nash (Contact Person)
Advantage Pools
107 Nw Carol Dt. La
City/Suhte and Zip Code)
For further information concerning this matter, please call:
Ashley Name of Contact Person) at 380 305-2809 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sqrt{\$25\$ Filing Fee}\$\$ \$\sqrt{\$55\$ Filing Fee & Certified Copy}\$\$

**MAILING ADDRESS:** 

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327



## 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Advantage Pools Spas 4 Service LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L13000066692
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I, ASMEY NAME of Person Resigning)  ASMEY NAME of Person Resigning)  (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissodiating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: