

L13000101007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 09 2014  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** True Blue Pool Service, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Robert Warner

(Name of Person)

(Firm/Company)

524 Gallagher SW

(Address)

Palm Bay, FL 32908

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Warner

(Name of Person)

269

at (

377-4328

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
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

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TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

True Blue Pool Service, LLC

2. The Articles of Organization were filed on 8/19/13 and assigned

document number L13000107007

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Members pursuing other business interests.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Robert Warner

524 Gallagher SW

Palm Bay, FL 32908

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Robert Warner

Signature

Robert Warner

Printed Name

**FILING FEE: \$25.00**

FILED  
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TAMPA, FLORIDA