

L13 000 112 801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255863998

01/27/14--01007--015 **25.00

JAN 31 2014

T CLINE

SECRETARY OF STATE
FALLA/S/01/27/14

2014 JAN 27 AM 11:22

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Endless Summer 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:

Drew Austin
(Name of Person)

(Firm/Company)

1297 Austin Springs Rd
(Address)

Piney Flats, TN 37686
(City/State and Zip Code)

For further information concerning this matter, please call:

Drew Austin at 321 652-5500
(Name of Person) (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

FILED
2014 JAN 27 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Endless Summer Pool Service, LLC

2. The Articles of Organization were filed on 8/9/13 and assigned
document number L13000112801

3. The delayed effective date the dissolution if not effective on the date of 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).

The LLC was dissolved due to the
owner's relocation out of state.

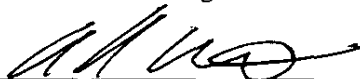
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Drew Austin
1297 Austin Springs Rd
Piney Flats TN 37686

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:

Signature

Printed Name



Andrew Austin

FILING FEE: \$25.00

FILED
2014 JUN 27 AM 11:22
SECRETARY OF STATE
TENN