

L13000117396

(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



100261299491

08/14/14--01009--023 **85.00

FILED
14 AUG 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Believe Pool Service LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000117396.

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:

Jirberto Antonio Serrano.
Name of Person

Believe Pool Service LLC
Name of Firm/Company

4244 Bayridge Ct.
Address

Spring Hill FL 34606.
City/State and Zip Code

believepoolservice@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jirberto Serrano. at (352) 7770107.
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Eduardo Chong.

Name of Registered Agent

, hereby resigns as

Registered Agent for Believe Pool Service LLC.

Name of Limited Liability Company

L13000117396.

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Eduardo Chong

Typed or Printed Name

manager.

Capacity

FILED
14 AUG 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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