# 113000129783

(	(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:				
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Office Use Only



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#### COVER LETTER

TO: Registration Section

Divi.	sion of Corporations				
eub iezer.	Great White Pools and Renovations				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Of	Tice Change a	and fee(s) are submitted for filing.		
Please return	n all correspondence concerning the	his matter to th	the following:		
Karl E. Mill	ler				
	Name of Person				
Great Whit	te Pools and Renovations				
	Firm/Company				
7202 Alom	na Avenue, Suite 103				
	Address	·			
Winter Par	k, FL 32792				
	City/State and Zip Code				
greatwhite	pool@gmail.com				
E-mail	address: (to be used for future an	nual report no	otification)		
For further in	nformation concerning this matter	r, please call:	:		
Karl E. Mill	ler	407	832-9809		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	] [	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Encl	losed is a check for the followin	g amount:			
<b>2</b> \$2	25 Filing Fee	o	1 \$55 Filing Fee & Certified Copy		
INHS18 (2/14	1)				



June 28, 2019

KARL E MILLER 7202 ALOMA AVE STE 103 WINTER PARK, FL 32792

SUBJECT: GREAT WHITE POOLS AND RENOVATIONS, LLC

Ref. Number: L13000129783

We have received your document for GREAT WHITE POOLS AND RENOVATIONS, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

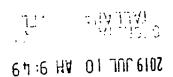
You can not change a manager or member on a registered agent document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 819A00013192





### FILED

#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

THE STATE OF THE S

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department at White Pools & Renovations
2. The Florida doc L1300012978	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 7/8/2019
4. I. Gregory Troy	
Vice Presider	ıt
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)