

L14000060521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

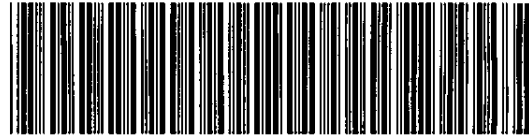
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2014 JUL 28 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 31 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROFESSIONAL POOL BUILDERS 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:

ANGEL MENDEZ

(Name of Person)

TLS FINANCIAL SERVICES GROUP

(Firm/Company)

PO BOX 832979

(Address)

MIAMI, FL 33283

(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL GUARDIA

(Name of Person)

305

815-1640

at

(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2014 JUL 28 AM 11: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
PROFESSIONAL POOL BUILDERS, LLC.
2. The Articles of Organization were filed on 04/10/2014 and assigned  
document number L14000060521
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).  
PLANS TO ENTER IN A VENTURE WERE CANCELLED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: GABRIEL GUARDIA  
9031 SW 122 AVE APT. 307  
MIAMI, FL 33186  
\_\_\_\_\_
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

GABRIEL GUARDIA

Printed Name

FILING FEE: \$25.00