

L14000095498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
15 MAR -5 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~8:00 AM~~ MAR 6 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tim's Clear Blue Pools
(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:

Tim C Stager

(Name of Person)

Tim's Clear Blue Pools

(Firm/Company)

4027 Barry Way

(Address)

Sarasota, FL 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Stager

(Name of Person)

941

377-8760

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2015

TIM C STAGER
4027 BARRY WAY
SARASOTA, FL 34232

SUBJECT: TIMS CLEAR BLUE POOLS, LLC
Ref. Number: L14000095498

RECEIVED
15 MAR -5 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

We have received your document for TIMS CLEAR BLUE POOLS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 815A00003398

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

1. The name of a limited liability company is

Tim's Clear Blue Pools

2. The Articles of Organization were filed on 6/13/14 and assigned

document number L14000095498

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).

Part time Do not need llc

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

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

Tim C Stager

Printed Name

FILING FEE: \$25.00

FILED
15 MAR -5 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA