

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Mumber : (850)617-6383

From:

Account Name : Ala REGISTERED AGENT INC.

Account Number : I20090000032 Phone : (561)792-2236 Fax Number : (561)202-8082

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:	
LUALL MULLUSS.	 

## LLC REGISTERED AGENT RESIGNATION NEXGEN POOLS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the t	indersigned,	
SUPERBIZ REGISTER	RED AGENT, INC.	, hereby resigns as	
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registered Agent for	NEXGEN POOLS LLC		
	Name of Limited Liability Company		
	change of Samuel Gustiny Company		
L16000042254			
Document	Number, if known		
	ation was mailed to the above listed limited liab		
	Signature of Resigning A	gent	202011-13-16
If signing on behalf o	f an entity:		
	TINA MAKI		ن ـ ـــــ
	Typed or Printed Name		0
	DP		PH .
	Capacity		3: 02

Make checks payable to Florida Department of State and mail to:

Active limited liability company
Administratively dissolved voluntarily dissolved withdrawn limited liability company

P.O. Box 6327
Tallahassee, FL 32314

\$ 85.00 \$ 25.00