

**L1600048572**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

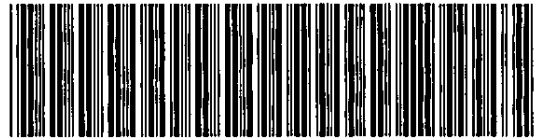
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/22/16--01011--020 \*\*25.00

**FILED**  
16 OCT -4 PM 1:57  
DIVISION OF CORPORATIONS

O SIMMONS  
OCT 06 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2016

ODIN PEREZ  
6166 STEVENSON DR, UNIT 108  
ORLANDO, FL 32835

SUBJECT: DOLPHIN POOL LLC  
Ref. Number: L16000048572

2017 OCT -4 PM 1:17  
TALLAHASSEE, FLORIDA

We have received your document for DOLPHIN POOL 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):

Please list a description of occurrence that resulted in the limited liability company's dissolution on line 4 of the dissolution form. Also please list description of information that must be included in a written claim on page 2.

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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 316A00020488

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOLPHIN POOL LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ODIN E PEREZ

(Contact Person)

DOLPHIN POOL LLC

(Firm/Company)

11509 DELWICK DRIVE

(Address)

WINDERMERE, FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

ODIN E PEREZ

(Name of Contact Person)

at ( 973 ) 723 - 5910

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DOLPHIN POOL LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000048572

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/16/2016

4. I, ODIN E. PEREZ, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
16 OCT -4 PM 1:57  
DIVISION OF CORPORATIONS

Florida Department of State  
Division of Corporations  
P O BOX 6327  
Tallahassee, Fl 32314

Subject: Dolphin Pool LLC  
Doc. # L16000048572

Previously I sent by mistake the wrong form, because my desire is withdrew/resigned my name of the corporation Dolphin Pool LLC. Now I am sending the correct form.

Thank you in advance for your help in this matter.

Cordially,

A handwritten signature in black ink, appearing to read 'ODIN E PEREZ', with a large, sweeping flourish at the end.

ODIN E PEREZ