

L16000 126558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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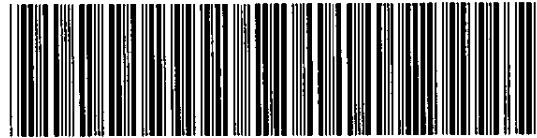
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Extreme Pool Maintenance & Services of the nature
Name of Limited Liability Company Coast, LLC

DOCUMENT NUMBER: L 16 000 12 6 558

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sara Milotta

Name of Person

Name of Firm/Company

8 Shumard Ct East

Address

Homosassa FL 34446

City/State and Zip Code

guyler123@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Milotta

Name of Person

at (352) 476-4598

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2016

SARA MILOTTA
8 SHUMARD CT EAST
HOMOSASSA, FL 34446

SUBJECT: EXTREME POOL MAINTENANCE & SERVICES OF THE NATURE
COAST, LLC
Ref. Number: L16000126558

We have received your document for EXTREME POOL MAINTENANCE & SERVICES OF THE NATURE COAST, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00015874

6:11 PM
16 JUL 26 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

United States Corp Agents, Inc, hereby resigns as
Name of Registered Agent

Registered Agent for extreme Pool Maintenance & Services of
the Nature Coast, LLC
Name of Limited Liability Company

L16000126558
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Sara Milotta
Signature of Resigning Agent

If signing on behalf of an entity:

SARA Milotta
Typed or Printed Name
Legal Zoom preparer
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
16 JUL 26 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314