116000170258

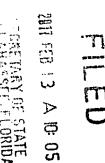
(Re	equestor's Name)			
(Address)				
(Address)				
	+ 104++ (7: + 10h + + +			
{Cl	ty/State/Zip/Phone	÷ #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
	-			
Special Instructions to Filing Officer:				
,				

Office Use Only



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S Warren FEB 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Pool Shopper, LLC				
(Name of Limit	ted Liability Con	npany)		
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:				
Jason Kahrim				
(Contact Person)		_		
Pool Shopper, LLC				
(Firm/Company)		-		
2101 VISTA PKWY #250				
(Address)		_		
WEST PALM BEACH, FL 33411				
(City/State and Zip Code)		_		
For further information concerning this matter, please call:				
Jason Kahrim	561 at (317-9172		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee		Pepartment of State for: 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		

CR2E079 (2/14)



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)

	limited liability company as it appo	pears on the records of the Florida Department
	ument/registration number assigned	d to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned o	or will withdraw/resign is: 2/6/2017
Brooke Gunter	(Gunter Business Solutions, Inc.) Iame of Person Resigning)	
of this limited lia		ted liability company has been notified of my
Blook O Signature of Di	ssociating Member or Resigning M	
_	\$25.00 (Required) \$30.00 (Optional)	TI T