# 1600191220

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SECRETARY OF STATE TALL AND SSEE, FLORIDA

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#### **COVER LETTER**

Division of Corporations
SUBJECT: Hefty's Pools 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:
Scott Ballard (Contact Person)
Hefty's Pools LC. (Firm/Company)
479 Allens Riche Or, E
Palm Harbor, F1. 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
Scott Ballard 31 (727) 452-4018
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim \\$25 \text{Filing Fee} \square \\$55 \text{Filing Fee & Certified Copy}

#### STREET/COURIER ADDRESS:

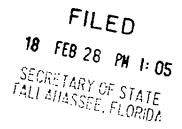
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

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

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	tefty's Pools LLC.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1600	00191220
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 2/9/20(8
4.1. Scott	•
(EO	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	Russ
Sign <del>ature of</del> Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Optional)