

L17000110799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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dissociation or  
Resignation

member/mgr

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2023 JAN 13 AM 10:31

2023 JAN 13 PM 2:15

A. RAMSEY

JAN 17 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POOL PROFESSOR OF TALLAHASSEE, INC.  
\_\_\_\_\_  
(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:

WILLIAM B WELLS

\_\_\_\_\_  
(Contact Person)

POOL PROFESSOR OF TALLAHASSEE, INC.

\_\_\_\_\_  
(Firm/Company)

611 TRUETT DR.

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

TALLAHASSEE, FLORIDA 32303

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM B WELLS

\_\_\_\_\_  
(Name of Contact Person)

850 320-1214  
at (\_\_\_\_\_) \_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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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: POOL PROFESSOR OF TALLAHASSEE, INC.

2. The Florida document/registration number assigned to this limited liability company is:  
L17000110799

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/13/2023

4. I, SEHRA YASEMIN IPEK WELLS, 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)