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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:  ("Windladd Refuel See Mindladd Refuel See Min						
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Office Use Only



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## **COVER LETTER**

TO:	Registration of Division of	on Section of Corporations				
SUBJ	JECT:	PA	RROT	POOLS		LLC mpany)
		(1	Name of Lii	nited Liabili	ty Co	mpany)
The e	nclosed mer	mber, resignation	or dissoc	riation and	l fee(:	s) are submitted for filing.
Please	e return all c	orrespondence c	oncerning	g this matte	er to:	
	CRAIG	SKERRET	Τ			
		(Contact Persor	1)			_
	PARRE	OF POOLS A	LC			_
		(Firm/Compan	y)			
	560	BAY ISLE	S RD			
		(Address)				
	LONG	BOAT KEY (City/State and Zip	FL 3	4228		_
		(City/State and Zip	Code)			
For fu	irther inforn	nation concernin	g this mat	ter, please	call:	
	BARBARA	KOETSIER		at ( <i>9</i>	41	_) <u>383-3236</u> e & Daytime Telephone Number)
	(Name o	of Contact Person	)	(Area	Code	e & Daytime Telephone Number)
Enclo	sed please f	ind a check mad	e payable	to the Flor	rida [	Department of State for:
	5 Filing Fee			□ \$55	Filin	g Fee & Certified Copy
		THE \$35.00	PREVIOL	JSLY PA	10	
AN.		\$10.00.				Steam t Addresses
	Mailing Add Registration					Street Address: Registration Section
	-	of Corporations				Division of Corporations
	P.O. Box	•				The Centre of Tallahassee
	Tallahasse	e, FL 32314				2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



June 18, 2020

CRAIG SKERRET PARROTT POOLS LLC 560 BAY ISLES ROAD LONGBOAT KEY, FL 34228

SUBJECT: PARROT POOLS LLC Ref. Number: L17000137968

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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) 245-6050.

Letter Number: 820A00012053

Susan Tallent Regulatory Specialist II

www.sunbiz.org



## 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 com	pany as it a	ppears on the records of the Florida Department
of State is:	PARROT	POOLS	LLC.
2. The Florida docu	iment/registration nu	ımber assig	ned to this limited liability company is:
L170	00137968		·
3. The date this me	mber/manager withd	rew/resigns	ed or will withdraw/resign is: $5/26/2020$
4. I. BARBARA			_, hereby withdraw/resign as a
	ED REPRESENT (Print Title)	ATIVE	
of this limited liab resignation in wri	·	ffirm the li	mited liability company has been notified of my
Barl	ara Loetsie	ゼ	.020 JUN 25
Signature of Di	ssociating Member o		
Filing Fee: Certified Conv	\$25.00 (Required	D PLEAS	E USE THE \$35.00 PREVIOUSY PAID AND REFUND \$10.00