## LI7000 138157

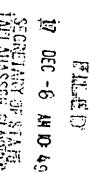
(Requestor's Name)				
(Ad	ldress)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: AZUKITE POOL AND (Name of Limited Liability)		EXPERTS	<u> </u>
(Name of Emined Embring)	Company,		
The enclosed member, resignation or dissociation and fe	e(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter t	to:		
SHELDEN GITTUESON (Contact Person)			
(Contact Person)			
SHELDON GITTLESON (PA PA			
(Firm/Company)			
1100 NE 163 ST SVITE 401			
(Address)			
MIAMI FL 33162 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please ca	ıII:		
SHE LDC & GIFTLISC & at (305) (Name of Contact Person) (Area Co	ode & Daytir	940 - 4740 me Telephone Numbe	er)
Francisco C. I. J.		6.7	
Enclosed please find a check made payable to the Florida S25 Filing Fee S55 Filing S69		nt of State for: Certified Copy	
STREET/COURIER ADDRESS: Registration Section		NG ADDRESS:	
Division of Corporations	_	ntion Section of Corporations	
Clifton Building	P.O. Bo	•	
2661 Executive Center Circle Tallahassee, Florida 32301		ssee, Florida 32314	



## 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 i		
	ument/registration number ass	-	company is:
3. The date this me	ember/manager withdrew/resig		is: <u>NOVE, 196</u> 2 / 2017 nas a
MEMB	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company ha	as been notified of my
Signature of D	issociating Member or Resign	ing Manager	<b>三</b>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ARY OF STATE