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## **COVER LETTER**

_	istration Section ision of Corporations				
SUBJECT	Pool Perfection Services	s, LLC			
		f Limited Liability Co	mpany)		
The enclose	ed member, resignation or dis	ssociation and fee(	s) are submitted for filing.		
Please retur	n all correspondence concert	ning this matter to:			
Christophe	er Sharar				
	(Contact Person)		<del></del>		
Pool Perfe	ection Services, LLC				
	(Firm-Company)		_		
P. O. Box	7381				
	(Address)		_	2019 	
Port St. Lucie, FL 34985				MY B	
	(City/State and Zip Code)	<del></del>	_	22	i
For further	information concerning this	matter, please call:		T.	
Christophe	er Sharar	772	763-4343	9.	
(1	Name of Contact Person)		& Daytime Telephone Num	ther)	
Enclosed pl	lease find a check made paya ng Fee		Department of State for: g Fee & Certified Copy		
STREET/C Registration	COURIER ADDRESS:		MAILING ADDRESS: Registration Section		

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

CR2E079 (2/14)

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

MIRA



## 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)

		it appears on the records of the Flo	orida Departm	ient	
of State is:	Perfection Services, LLC			<u> </u>	
2. The Florida docu	nent/registration number as	signed to this limited liability com	ipany is:		
L17000177783		_•			
3. The date this mer	nber/manager withdrew/res	igned or will withdraw/resign is: _	)1/01/2019		
		, hereby withdraw/resign as a			
(Print Na	me of Person Resigning)				
Member		,	,		
(.	Print Title)				
of this limited liab	oility company and affirm th	e limited liability company has be	en notified of	my	
resignation in wri			1-		
Signature of Dis	Sociating Member or Resig	ning Manager		2019 JAN 22 A	
Filing Fec: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			AH 9: 44	