## 117000211637

(Red	questor's Name)			
(Address)				
(Address)				
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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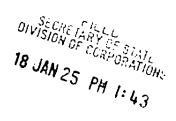
K. SALY JAN 26 2018

## COVER LETTER

TO:	-	stration Section ion of Corporations		
SUBJI	ECT:	JHON BENS POOL SERVIC	ES LLC	
		(Name of Limi	ted Liability	y Company)
The en	closed	member, resignation or dissocia	ation and fe	fee(s) are submitted for filing.
Please	return	all correspondence concerning t	his matter	r to:
JUAN	I CARI	LOS BENITO		
		(Contact Person)	-	
JHON	BEN	S POOL SERVICES LLC		
		(Firm/Company)		
1309	ST TR	ROPEZ CIRCLE APT. 1711		
		(Address)	<del>- 1</del> .	
WEST	TON, F	FLORIDA 33326		
		(City/State and Zip Code)		
For fur	ther in	formation concerning this matte	r, please ca	all:
Juan (	Carlos	Benito	561 at (	451-7686
	(Na	ame of Contact Person)	(Area Co	Code & Daytime Telephone Number)
Enclose ■ \$25		ise find a check made payable to Fee		da Department of State for: iling Fee & Certified Copy
Registr Divisio Clifton 2661 E	ration S on of C Buildi xecutiv	orporations		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 of	on the records of the Florida Department
of State is: JHON BENS POOL SERVICES LLC	
2. The Florida document/registration number assigned to the	is limited liability company is:
L17000211637	
3. The date this member/manager withdrew/resigned or will	withdraw/resign is:
4. I, INGRID MARIANELLA TRUJILLO , hereby (Print Name of Person Resigning)	
MGR	
(Print Title)	
of this limited liability company and affirm the limited lial resignation in writing.	ability company has been notified of my
There	
Signature of Dissociating Member or Resigning Manage	eer
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	