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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Sand Shark Pool and (Name of Limited Liabi	Spa lity Company)
The enclosed member, resignation or dissociation and	• •
Please return all correspondence concerning this mat	ter to:
Gloria Thorque (Contact Person)	
Sand Stark Pool & Spa (Firm/Company)	
5140 Daniele Dr. N (Address)	
hake Park Ga 31636 (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Gloria Thop at (6) (Name of Contact Person) (Are	20) 560-2511 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for:
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 Depart	ın
of State is:	and Shark Pool and Spa	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
L1800	0073876	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: March 15)) !
4. 1. <u>ONOM A</u> (Print No.	me of Person Resigning), hereby Withdraw/resign as a	
50% Owner/o	Print Title) Sility company and affirm the limited liability company has been notified outing.	
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified o ting.	ſ
- Alona de	Show	
Signature of Dis	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	