

L19 000152935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

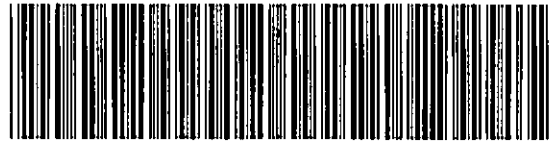
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

AUG 30 2022

S. PRATHEI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UTOPIA POOL SERVICE LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ASHLEY BLUM
(Contact Person)

UTOPIA POOL SERVICE LLC
(Firm/Company)

1600 CRESTWOOD COURT SOUTH UNIT #1008
(Address)

ROYAL PALM BEACH, FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

ASHLEY BLUM at (561) 281-5800
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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 Department of State is: UTOPIA POOL SERVICE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000152935

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06-07-2022

4. I, Steve Blum, hereby withdraw/resign as a
(Print Name of Person Resigning)

Owner/Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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