

(Requestor's Name)	
(Address)	600435075446
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	08/21/2401014007 ••\$3.60
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	2024 Sin 2
	1.00 E :

Office Use Only

COVER LETTER

Division of Corporations	
SUBJECT: Pool Tech Builders (Name of Limited)	Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Andres Gracia (Contact Person)	
(Firm/Company)	
6855 SW 120 S+ (Address)	
Pinecest, FL 33156 (City/State and Zip Code)	
For further information concerning this matter, p	
Andres Gracia at (Name of Contact Person)	(786) 229-5696 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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)

1. The name of the	limited liability company as it appears on the	e records of the Florida Department
of State is: $\frac{P_0}{P_0}$	of Tech Builders LLC.	
2. The Florida doc	ument/registration number assigned to this lir	nited liability company is:
L 23000	177587	
3. The date this me	ember/manager withdrew/resigned or will wit	hdraw/resign is: 8 3 2024
4.1. Andres		
	nt of Constaction	
of this limited lia resignation in wr	bility company and affirm the limited liability iting.	y company has been notified of my
Jan Na		2027
///***	issociating Member or Resigning Manager	· ···
		.)
•	\$25.00 (Required)	<u> </u>
Certified Copy:	\$30.00 (Optional)	1: 2
		1.00