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M1600000SS913

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850)656-7956  
Fax Number : (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
NATIONAL POOL ROUTE SALES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NATIONAL POOL ROUTE SALES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M16000005593

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person  
INCORPORATING SERVICES, LTD.  
Name of Firm/Company  
3500 SOUTH DUPONT HIGHWAY  
Address  
DOVER, DE 19901  
City/State and Zip Code

aarchambault@incserv.com

E-mail address: (to be used for future annual report notification):

For further information concerning this matter, please call:

800 346-4646  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2018 MAY 31 A 5:57

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**INCORPORATING SERVICES, LTD.**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **NATIONAL POOL ROUTE SALES, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**M16000005593**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**Amy Balke**

\_\_\_\_\_  
Typed or Printed Name

**ASSISTANT SECRETARY**

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**