## P220000 93415

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	Top Notch Pool Construction INC.
(Name of Lim	ted Liability Company)
The enclosed member, resignation or dissoci-	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Matthew Belanger	
(Contact Person)	
(Firm/Company)	<del> </del>
860 Fulda Ave	<del></del>
NW Palm Bay FL9 (City/State and Zip Code)	32107
For further information concerning this matter	er, please call:
Matthew Belanger	at (22) 469-9345 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	o the Florida Department of State for: ☑ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address; Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 on the records of the Florida Department
of State is: TOP NOTCH POOL CONSTRUCTION INC.
The Florida document/registration number assigned to this limited liability company is:      Document Number       P22000093415
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01 01 23
4. I. Matthew Belanger, hereby withdraw/resign as a
(Print Name of Person Resigning)
President
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional) 909 MAY IS PM I: 10