840249

SAMEDI A SABURDO
(Requestor's Name)
SANTO A MOUPPO (Requestor's Name) 840 Cornova Dr. (Address)
(Address) BOCA RATUN (Address)
(Address)
(Address) FLOM DA 33 432 - (City/State/Zip/Phone #)
(Oity/State/EtpF11011e #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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RESIGNATION OF REGISTERED AGENTALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Statutes, the undersigned, Name of registered agent)
hereby resigns as Registered Agent for P. E. Pools 46. Two. (Name of corporation)
A copy of this resignation was mailed to the above listed corporation 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:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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