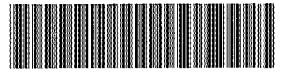
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}				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/£ip/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only				



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COVER LETTER

TO: Amendment Section _ Division of Corporations
SUBJECT: Pool Contractors, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Dominique De Wet (Name of Person)
Pool Contractors INC. (Name of Firm/Company)
5904 Bob Head Rd. (Address)
Plant City 7 L 33565 (City State and Zip Code)
For further information concerning this matter, please call:
Derek Mc Keaa at (863) 412-4678 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

BIVISION OF CORPORATIONS

06 JAN 18 PH 1: 27

I. Derek	McKeaq	, hereby resign as_	Director
,			(Title)
of Pool	Contractors	s, INC.	
_	(Name	of Corporation)	
Po5000313	Number, if known)	, a corporation organized und	er the laws of the State of
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		1.11.	
	Much	Much	•
	· (S	Signature of resigning officer/director	(f) \

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314