## 641045

(Requestor's Name)	
(Address)	
(Address)	
888	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	es
Special Instructions to Filing Officer:	
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16/18/21

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AAACustom Pools, Inc.	
Sobster	(Name of Corporation)
DOCUMENT NUMBER: 641045	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
Alan Bryson	
(Name of Person)	
AAA Custom Pools, Inc.	
(Name of Firm/Company	)
5155 Corporate Way Suite J	
(Address)	
Jupiter, Fl 33458	
(City/State and Zip Code)	)
For further information concerning this ma	atter, please call:
Alan Bryson	561-493-884
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Scott A Bryson I,	VP, hereby resign as	
		(Title)
AAA Custom Pools, Inc.		
	(Name of Corporation)	<u></u> ,
641045 (Document Number, if known	, a corporation organized under the laws o	f the State of
FL	<u> </u>	
	(Signature of resigning officer/director)	2021 JUN -7 PM 10: SECRETARY OF STA TALLAHASSEE, FL

## **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