

674080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

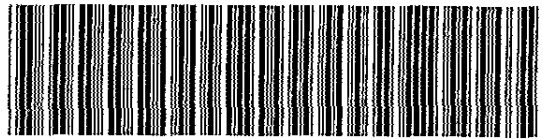
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700022458127

08/22/03--01057--003 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 AUG 22 AM 10:14

FILED

674080  
8-22-03  
RHR  
303

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KEYS POOL, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** 674080

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica N. Hughes, Esq.

(Name of Person)

Spottswood, Spottswood, & Spottswood

(Name of Firm/Company)

500 Fleming Street

(Address)

Key West, Florida 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Erica N. Hughes

(Name of Person)

at ( 305 ) 294-9556

(Area Code & Daytime Telephone Number)

03 AUG 22 AM 10:14  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 09111

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Joanne Cates

(Name of Registered Agent)

hereby resigns as Registered Agent for Keys Pool, Inc.

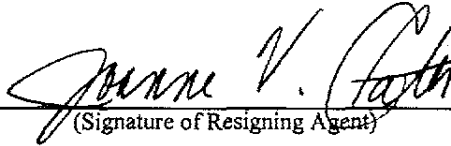
(Name of Corporation)

674080

(Document Number, if known)

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:

Joanne V. Cates  
(Typed or Printed Name)

V. Pres / Secretary  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

08 AUG 22 AM 10:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED