

H105715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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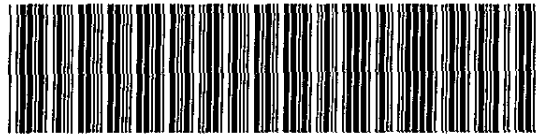
(Business Entity Name)

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H 05715

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: W. T. S. LAWN & POOL SERVICE INC. OFFICER RESIG
(Name of Corporation)

DOCUMENT NUMBER: H 05715

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM R. SCHENDEN
(Name of Person)

W. T. S. LAWN & POOL SERVICE INC.
(Name of Firm/Company)

6379-1 BAY CLUB DR
(Address)

FORT LAUDERDALE, FL. 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM R. SCHENDEN at (954) 938-3193
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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