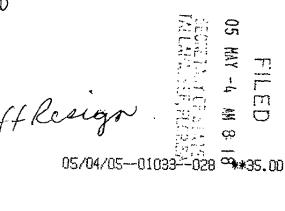
H90295

	1
(Requestor's Name)	
(Address)	m
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	84
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

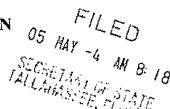


100052918501

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation		
SUBJECT: Sand Dollar	Pools & Spas, Inc.	ation)
DOCUMENT NUMBER	LICOCOT	· ,
	ctor Resignation for a Corporation	and fee are submitted for filing
Please return all correspon	dence concerning this matter to th	e following:
Michael G. Schmidt	-	-
(Nar	ne of Person)	Supplied the supplied of the s
Sand Dollar Pools & Sp	oas, Inc.	
(Name o	f Firm/Company)	er # 120 ger se
4433 Sweetwater Drive	•	
	Address)	e e e e e e e e e e e e e e e e e e e
Tampa, FL 33615		
(City/Sta	nte and Zip Code)	×
For further information con	ncerning this matter, please call:	
(Name of Po	at (813 (Area Code	918-1794 & Daytime Telephone Number)
Enclosed is a check for \$35	5.00 made payable to the Florida I	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	15

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	Star A. Schmidt	, hereby resign as	Sec, Tr or any	itle_
	Sand Dollar Pools & Space Inc.		(Till)	
of_	Sand Dollar Pools & Spas, Inc. (Name of Corpo	ration)	<u> </u>	 , >
HS	(Document Number, if known)	poration organized u	nder the laws of the State	of
Flo	orida			,

(Signature of resigning officer/director)

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