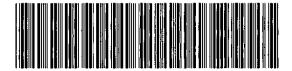
## K24458

(Requestor's Name)	
(Address)	
(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:	
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## **COVER LETTER**

Division of Corporations	
SUBJECT: ALLBRITE POOL SUPPLIES, INC.	
·	f Corporation)
DOCUMENT NUMBER: K24458	
The enclosed Officer/Director Resignation for a Cor	poration and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
JENNIE HOWITT	
(Name of Person)	
JENNIE KREITZ ASSOCIATES, INC.	
(Name of Firm/Company)	
3333 W COMMERCIAL BLVD. #110	
(Address)	
FT. LAUDERDALE, FL. 33309	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
JENNIE HOWITT	954 , 735-7178
(Name of Person)	735-7178 rea Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the l	Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Addres Amendment Se Division of Corporations Post Office Bor Tallahassee, FL	ection rporations x 6327

TO: Amendment Section



CAROL EAGAN	, hereby resign as DST
· · · · · · · · · · · · · · · · · · ·	(Title)
$_{ m f}$ ALLBRITE POOL SUPF	PLIES, INC.
	(Name of Corporation)
K24458 (Document Number, if known	, a corporation organized under the laws of the State of
FLORIDA	
	Cury Engan
	(Signature of resigning office//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