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. (Re	equestor's Name)	
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(C	ity/State/Zip/Phone	e #) .
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J. SAULSBERRY J. SAULSBERRY

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: De Mailer Paul Cleany Sence SHC. (Name of Corporation)
DOCUMENT NUMBER: 2 100000 96 594
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: AUNEMANIE ROSSMEUL (Name of Person)
BLUE MARLIN POOL CLEANING-SERVICE (Name of Firm/Company) 344 134 PL SW (Address)
VENO BEACH FLOCISA 35912 (City/State and Zip Code)
For further information concerning this matter, please call:
ANNEMALIE KOSSMAL at (112 413-0453 (Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section!
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the recommon of State is:	rds of the Flo	orida Department
	,	
2. This limited liability company was organized under the laws of:		
Florida -		
· · · · · · · · · · · · · · · · · · ·		
3. The Florida document/registration number of this limited liability c	omnany is:	
	ompany is.	
10000096594		
		, ,
4. I, HNUENAUE KOSSMEN, hereby resign as	a Alc	/ Zras
(Print Name of Person Resigning)	(B)	rint Title)
of this limited liability company and affirm the limited liability com	nany has bee	n notified of my
resignation in writing.	puny mus occ	·
Notification in withing.	••	
Mienalie Hannell	<i>!</i> ~	
Signature of Resigning Member, Managing Member or Manager		201 ALI
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Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	•	
Certified Copy. \$50.00 (Optional)		FS P
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