

NO9000001295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Friends of the Pool, Inc
(Name of Corporation)

DOCUMENT NUMBER: N09000001295

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

Please return all correspondence concerning this matter to the following:

Rob Dixon
(Name of Person)

Friends of the Pool, Inc
(Name of Firm/Company)

217 Matecumbe
(Address)

Islamorada, FL 33036
(City/State and Zip Code)

For further information concerning this matter, please call:

Rob Dixon at (305) 664-7149
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Keira Herlth, hereby resign as Treasurer
(Title)

of Friends of the Pool, Inc
(Name of Corporation)

NO900001295, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Keira Herlth 10/27/15
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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