# P00000034616

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	

Office Use Only



200261745552

06/27/14--01016--025 \*\*87,50

14 JUH 27 PH 2: 1

#### **COVER LETTER**

Amendment Section Division of Corporations

## PRO CLEAR AQUATIC SYSTEMS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P00000024616

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### HOWARD A. CAPLAN

(Name of Person)

LEWIS, LONGMAN & WALKER, P.A.

(Name of Firm/Company)

245 RIVERSIDE AVENUE, SUITE 150

(Address)

JACKSONVILLE, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD A. CAPLAN at (904) 353-6410 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509	₹,		
Florida Statutes, the undersigned, HOWARD A. CAPLAN			
(Name of Registered Agent)			
hereby resigns as Registered Agent for PRO CLEAR AQUATIC SYSTEMS,	, INC.		
(Name of Corporation)			
P00000024616			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known a	ıddress.		
The agency is terminated and the office discontinued on the 31st day after the date on withis statement is filed.	vhich		
Comand Academ (Signature of Resigning Agent)			
If signing on behalf of an entity:			
(Typed or Printed Name)			
(Typed or Printed Name)	となっ	JL 74	ary:
(Capacity)  Fee for filing this document:		JUH 27 PH 2:	4 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$87.50 - Active Corporation			
\$35.00 - Administratively dissolved/voluntarily dissolved/	Park.	ധി	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation