

P02000126885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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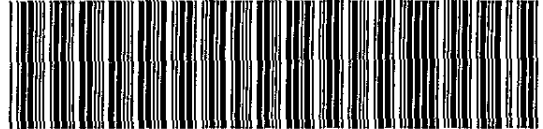
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

8/6
RE. off/a

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHARZ AQUATIC, INC.

(Name of Corporation)

DOCUMENT NUMBER: P02000126885

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

Please return all correspondence concerning this matter to the following:

JAMES H. COLLIER SR.

(Name of Person)

COLLIER'S ACCOUNTING SERVICE, INC.

(Name of Firm/Company)

9110 STERLING LANE

(Address)

PORT RICHEY, FL 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES H. COLLIER SR.

(Name of Person)

at (727) 815-8787

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

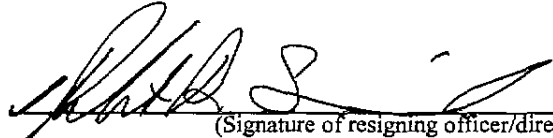
I, ROBERT S. SIMMONDS, hereby resign as DIRECTOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of CHARZ AQUATIC, INC.
(Name of Corporation)

P02000126885, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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