

P03000059750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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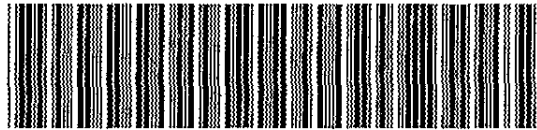
(Business Entity Name)

(Document Number)

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RECLERY OF STATE  
TALLAHASSEE, FLORIDA

P03000059750  
3-5-04  
RARRS 3/2

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CASTAWAY POOL SERVICE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000059750

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:

David Cormany

(Name of Person)

(Name of Firm/Company)

5318 SW 117 Avenue

(Address)

Cooper City, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Delfina R. Campos at ( 305 ) 300-6955  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**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, David Cormany  
(Name of Registered Agent)

hereby resigns as Registered Agent for Castaway Pool Service, Inc.  
(Name of Corporation)

P03000059750

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

David Cormany  
(Signature of Resigning Agent) *David Cormany*

If signing on behalf of an entity:

DAVID CORMANY  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

04 MAR - 5 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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