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Off Resign Thewis 1-19-10

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: BRAGA SWI MMING POOLS Swc. (Name of Corporation)
DOCUMENT NUMBER: PO40000 104244
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
2702 BIG PINE OF (Address)
(Address)
HOWAY FL 3469) (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
DAMIAN GATTAN at (327) 422-4648 (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAMIAN GATTAN	, hereby resign as	D, LECTOR (Title)
of Blaba SWIMMNG (Name o	Paols , Zyk. of Corporation)	,
PO4000104344 (Document Number, if known)	_, a corporation organized unde	er the laws of the State of
FLORI BA	<u>-</u> ·	
- September 1988 - Sept	gnature of resigning officer/director	TALLAHASSEE. FLORI

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