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

Office Use Only



300192094253

02/03/11--01030--020 \*\*<del>52.50</del>

470.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Prince of Pools Inc. (Name of Corporation)
DOCUMENT NUMBER: P0500037468
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shellie Almond (Name of Person)
(Name of Firm/Company)
9300 Lakeside, Ln. (Address)
Boynton Beach, FL 33437 (City/State and Zip Cbde)
For further information concerning this matter, please call:
Shellie Almond at (561) 716-4210 (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

# FILED

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2011 FEB -3 PM 4: 45

SECRETARY OF STATE TALLAHASSEE, FLORID!

1, Shellie Almond, hereby resign as Tregsurer (Title)
of Prince of Pools Inc. (Name of Corporation)
PO500037468, a corporation organized under the laws of the State of (Document Number, if known)
FL.

(Signalure 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