## P05000039353

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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AT LAHASSEE, FLORIDA

officer Rusign crinmurphy 2/5/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Caribbean Paradise Pools, Inc.	
(Name of C	Corporation)
DOCUMENT NUMBER: P05000039353	
The enclosed Officer/Director Resignation for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Kayne Marzetti	
(Name of Person)	
Caribbean Paradise Pools, Inc.	
(Name of Firm/Company)	
145 Van Buren Avenue	
(Address)	
Lake Mary, FL 32746	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Kayne Marzetti at (at (	07 339 4469
(Name of Person) (Are	ca Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Fl	orida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Addres Amendment Sec Division of Corp Post Office Box Tallahassee, FL	tion porations 6327

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	hereby resign as V.P., Secretary	and Director
of Caribbean Paradise Pools, Inc	<b>.</b>	
(Name	of Corporation)	
P05000039353 (Document Number, if known)	a corporation organized under the laws of the	State of
Florida		
	Signature of resigning officer/director)	<b>T</b> –
F	TLING FEE IS \$35.00	FILED  08 JAN 29 AM II: 48  SECRETARY OF STATE ALLAHASSEE, FLORIDA
Make checks payable	to Florida Department of State and mail to:	TEA TE

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314