P.05000042610

(Re	equestor's Name)	
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(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer.	\$
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Office Use Only



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ON VIEW OF

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Panhandle Pools and Spas, Inc. (Name of Corporation) DOCUMENT NUMBER: P050000 42610		
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:		
Donald William Chandler (Name of Person)		
Panhandle Pools and Spas Inc. (Name of Firm/Company)		
2930 N. Hwy 231 (Address)		
Panama City F1 32405 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Danald William Chandle at (850) 527-5680 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, HUSSE Kauara Ja Hon (Name of Registered Agent)
hereby resigns as Registered Agent for Panhandle Pools and Spas, Inc. (Name of Corporation)
P 05000 42610 (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. (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name) ALL 28 ALL 2
(Capacity)

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withdrawn corporation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