

P05000140268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

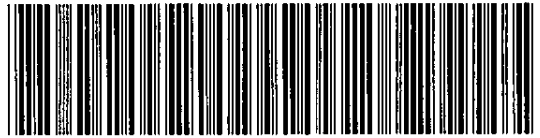
(Business Entity Name)

(Document Number)

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Resignation  
of RA

FILED  
JUL 24 PM 3:48  
STATE OF FLORIDA  
TALLAHASSEE

JUL 24 2015  
A. RAHSE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Luxury Pools, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000140268

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:

**Pam Burns**

(Name of Person)

**ProActive Tax & Accounting**

(Name of Firm/Company)

**303 SW 140th Terrace**

(Address)

**Jonesville FL 32669**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Pam Burns** at **(352) 333-7880**  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2015 JUL 24 PM 3:48

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 617.1509, Florida Statutes, the undersigned, Pam Burns

(Name of Registered Agent)

hereby resigns as Registered Agent for Luxury Pools, Inc.

(Name of Corporation)

P05000140268

(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.

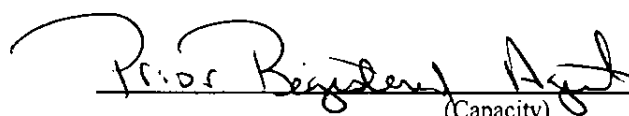


(Signature of Resigning Agent)

If signing on behalf of an entity:



(Typed or Printed Name)



(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**