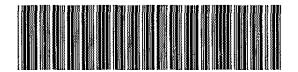
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*		
(Requ	estor's Name)	
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COVER LETTER

Division of Corporations		=		
SUBJECT: Elite Poc	Name of Corpor	closu	res,-	INC.
DOCUMENT NUMBER: PO	60000639	12		.
The enclosed Officer/Director Resignation for	or a Corporation	n and fee ar	e submitted	for filing.
Please return all correspondence concerning	this matter to th	ne followin	g:	
Adalbert Arakelov (Name of Person)			ं कें कें	
Elite Pool Enclosures, Inc. (Name of Firm/Company)	·	. • • • • •		: -:
5601 NW and Ave. #227 (Address)	and the second s	e saar general	· · · · · · · · · · · · · · · · · · ·	
Boca Raton, FL 33487 (City/State and Zip Code)				
For further information concerning this matt	er, please call:	V= *	•	•
Adalbert Arakelov (Name of Person)	at (56 l (Area Code) 703 - e & Daytime	0820 Telephone	Number)

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

FILED

06 AUG -4 AM II: 33

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

FILED

06 AUG -4 AM II: 33

FOR A CORPORATION

. Christian	F. Aca	os la hereby resig	gn as $\sqrt{1}$	<u>ce</u>	President Title)
of Elite	Pool (Name of Cor	Enclos poration)	ures,	IN	c
POLDODOGA913 (Document Number, if kno	, a c	corporation organiz	ted under the	laws of t	he State of
Florida	·				

(Signature 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