## 206000/21523

| (Requestor's Name)                      |                   |             |
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| (City/State/Zip/Phone #)                |                   |             |
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| PICK-UP                                 | WAIT              | MAIL        |
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| (Bu                                     | siness Entity Nar | ne)         |
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT. LYDO POOL SERVICES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P06000121523

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

REINALDO, JOSE A

(Name of Person)

LYDO POOL SERVICES, INC.

(Name of Firm/Company)

**14330 SW 50TH STREET** 

(Address)

MIAMI, FLORIDA 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

REINALDO, JOSE A 786 443-09

(Name of Person)

(Area Code & Daytime Telephone Number

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

**Mailing Address:** 

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

**Street Address:** 

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| <sub>I,</sub> HERNANDEZ, GLAD | OYS G hereby resign as PST                               |  |
|-------------------------------|--|--|
| 7                             | (Title)  |  |
| of LYDO POOL SERV             |  |  |
| (Name                         | e of Corporation)  |  |
| P06000121523                  | , a corporation organized under the laws of the State of |  |
| (Document Number, if known)   |  |  |
| FLORIDA                       |  |  |

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

FH 14 50

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