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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Ćertificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: US POOL and Beach Supply, Inc. (Name of Corporation)
DOCUMENT NUMBER: \(\text{\$\infty} 0700005256
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:
Andrew Genstein (Name of Person)
US Pool and Beech Supply, Inc. (Name of Firm/Company) Inc.
7116 Whiteter Ave
Philiadelphia PH 1911) (City/state and Zip Code)
For further information concerning this matter, please call:
Andrew Genstein 218215) 777 - 2576

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

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

(Name of Person)

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

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, Forest 5 Freedman (Name of Registered Agent)
hereby resigns as Registered Agent for US Pool and Beech Supply Inc. (Name of Corporation)
P 0 7 000 00 5256 (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:
Torrest Freedra (Typed or Printed Name)
Megistud And Gapacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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