

P070000224/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

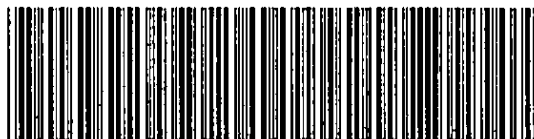
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400311369104

04/06/18--01017--022 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAY 29 PM 14 24

MAY 30 2018
C MCNAIR

APR 09 2018
C MCNAIR

FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 MAY 29 PM 4 30

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Aqua Blue Pools of Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000022415

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:

Michael Harding

(Name of Person)

My Aqua Blue Pools of Florida, Inc.

(Name of Firm/Company)

1566 Pinehurst Road

(Address)

Casselberry, FL 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Collins at 407 339-1220

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RECEIVED
18 MAY 29 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, Price & Associates Certified Public Accountants, LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for My Aqua Blue Pools of Florida, Inc.
(Name of Corporation)

P07000022415

(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:

TIM PRICE

(Typed or Printed Name)

CERTIFIED PUBLIC ACCOUNTANT

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAY 29 PM 4:38