## P09000023175

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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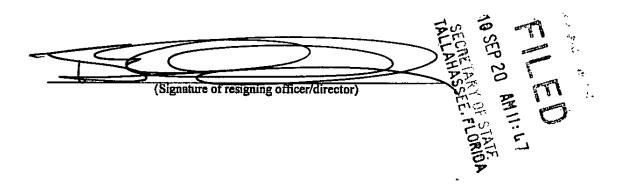


\* Roberts | SEP 21 2010

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

9-15-10

B-Blue Pools The.  (Name of Corporation)		
2000023175, a corporation of	organized under the laws of the State of	



## **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