

P10000045128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

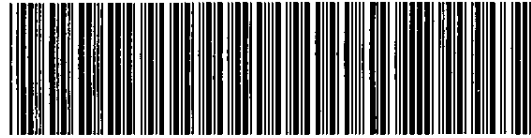
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TR

1-21-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Polly's Swimming Pool and Spa Service Inc.
(Name of Corporation)

DOCUMENT NUMBER: P10000045128

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

Please return all correspondence concerning this matter to the following:

Pollyne Sinhorini
(Name of Person)

Polly's Swimming Pool and Spa Service Inc.
(Name of Firm/Company)

2411 NE 1st Terrace
(Address)

Pompano Beach FL. 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Pollyne Sinhorini at (954) 696-4640
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

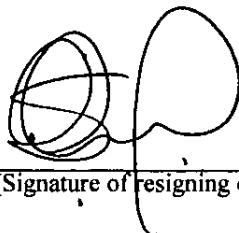
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pollyne Sinhorini, hereby resign as Vice President (vp)
(Title)

of Polly's Swimming Pool and Spa Service, Inc.
(Name of Corporation)

P10000045128, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

1/12/11

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

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TALLAHASSEE, FLORIDA