## P10000086997

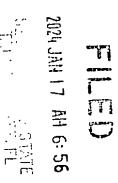
(Re	questor's Name)	
DA)	dress)	
- DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

Moonlite Pool Service, Inc			
SUBJECT:	JECT:(Name of Corporation)		
DOCUMENT NUMBER: P10000086997	<del></del>		
The enclosed Officer/Director Resignatio	n for a Corpora	ition and fee are submitted for filing	
Please return all correspondence concerni	ing this matter	to the following:	
Otis Johnson			
(Name of Person)		<del></del>	
Moonlite Pool Service, inc			
(Name of Firm/Compan	y)	<del></del>	
3500 N ST RD 7 Suite 103-1 # 3028			
(Address)		<del></del>	
Lauderdale Lakes, FL 33319			
(City/State and Zip Cod	c)	<del></del>	
For further information concerning this r	natter, please c	all:	
Otis Johnson	954 at (	300-6250 ) Code & Daytime Telephone Number)	
(Name of Person)	(Arca	Code & Daytime Telephone Number)	

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Otis Johnson		Owner/PTD	
I,	, hereby resign as	(Title)	
Moonlite Pool Service, Inc			
	(Name of Corporation)		
P10000086997 (Document Number, if kno	, a corporation organized u	nder the laws of the State of	
Florida	·	AM 6: 56	
	Signature of resigning officer/dire	January 11, 2074	

## 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