

P/2000056934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

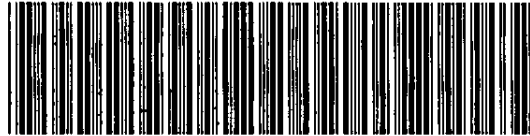
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200282433252

Resignation
of officer

03/07/16--01037--001 **35.00

MAR 10 2016
A RAMSEY

FILED
16 MAR -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

P.O. BOX 6327
Tallahassee FL 32314

SUBJECT: **SALT POOLS PROFESIONALS INC.**

(Name of Corporation)

DOCUMENT NUMBER: **P12000056934**

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

Please return all correspondence concerning this matter to the following:

CLARA M SEPULVEDA

(Name of Person)

SALT POOLS PROFESIONALS INC.

(Name of Firm/Company)

5025 WILES ROAD APT 305

(Address)

COCONUT CREEK FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM BARRIOS

(Name of Person)

at (**954**) **825-7814**

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

16 MAR -7 PM 3:10

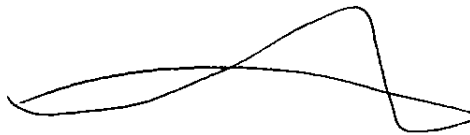
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, CLARA M SEPULVEDA, hereby resign as PRESIDENT
(Title)

of SALT POOLS PROFESIONALS INC.
(Name of Corporation)

P12000056934, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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