

P150000 99 769

(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



900290932689

10/28/16--01010--019 **35.00

FILED
2016 OCT 28 P 1:06
CLERK OF CIRCUIT
CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

OCT 31 2016
T. LEMMON
OP

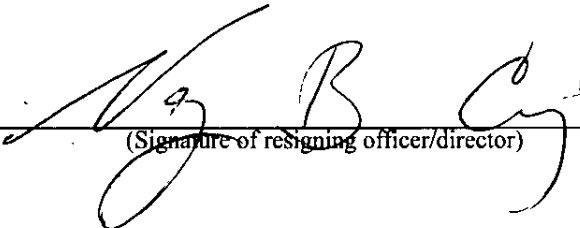
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, NANCY B CRAIG, hereby resign as SECRETARY
(Title)

of SPLASH DANCE POOLS AND SPA
(Name of Corporation)

P15000099769, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 28 P 1:06

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 5819644SPLASH DANCE POOLS AND SPA
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

NANCY B CRAIG

(Name of Person)

SPLASH DANCE POOLS AND SPA

(Name of Firm/Company)

3745 62ND ST N

(Address)

ST PETERSBURG FL 33709

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY B CRAIG

(Name of Person)

at (**727**) **5819644**

(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