

P97000000826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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*Resignation
to officer*

08/24/12--01004--004 **35.00

FILED
2012 AUG 24 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*DPF
8/27/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Groves Swimming Pool Service, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P97000000826

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

Please return all correspondence concerning this matter to the following:

R. Bryan Groves
(Name of Person)

Groves Swimming Pool Service, Inc.
(Name of Firm/Company)

1161 Twin Oak Ct.
(Address)

Marco Island, FL 34145
(City/State and Zip Code)

For further information concerning this matter, please call:

R. Bryan Groves at (239) 642-9372
(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**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, James Groves, hereby resign as Vice President
(Title)

of Groves Swimming Pool Service, Inc.
(Name of Corporation)

P97000000826, 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