

P99000024887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

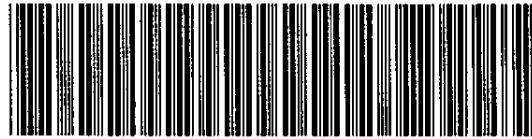
(Business Entity Name)

(Document Number)

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NOV 27 2012

C. MUSTAIN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIGHLANDS POOL CARE INC

(Name of Corporation)

DOCUMENT NUMBER: P99000024887

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

Please return all correspondence concerning this matter to the following:

RONNIE BROWN

(Name of Person)

HIGHLANDS POOL CARE INC

(Name of Firm/Company)

805 PATE STREET

(Address)

AVON PARK, FL 33825

(City/State and Zip Code)

For further information concerning this matter, please call:

RONNIE BROWN

(Name of Person)

at 863 453-0568

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michell Brown, hereby resign as VP
(Title)

of Highlands Pool Care, Inc.
(Name of Corporation)

P99000024887, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Michell Brown 11/20/12
(Signature of resigning officer/director)

FILED
12 NOV 26 PM 12:32
TALLAHASSEE, FLORIDA

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