

P02000034084

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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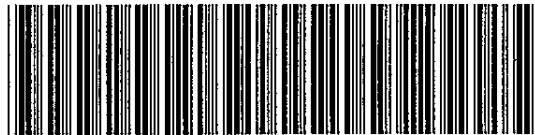
(Business Entity Name)

(Document Number)

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2005 FEB 11 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. A. Resignation  
LFD  
2-21-05

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

The Living Waters Group Inc  
(Name of Corporation)

**DOCUMENT NUMBER:**

PO 20000 34084

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith T M Birckhead

(Name of Person)

The Living Waters Group

(Name of Firm/Company)

7328 Gateshead Circle, Apt 5

(Address)

Orlando FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

Judith Birckhead

(Name of Person)

at (321) 231 2829

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2005 FEB 11 PM 12: 53

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, <sup>SECRETARY OF STATE,</sup> ~~TALLAHASSEE, FLORIDA~~

Florida Statutes, the undersigned, Diane Y Osborne  
(Name of Registered Agent)

hereby resigns as Registered Agent for The Living Waters Group, Inc.  
(Name of Corporation)

PD2000034084  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Diane Y Osborne  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

- ☒ \$87.50 - Active corporation  
\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314