Division of Coata

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Division of Corporations

Fax Number : (850)617-6383

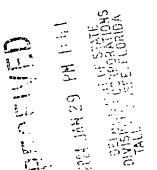
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cls-agentresignations@wolterskluwer.com



LLC REGISTERED AGENT RESIGNATION WATERVIEW ESTATES LLC

| Certificate of Status | 0 |
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| NRAI SERVICES, INC | | | , hereby resigns as | 3 | | |
|-------------------------|--------------------------------|---|---|----------------------|-------------|--------|
| | Name of Registered Age | | | | | |
| Registered Agent for _ | WATERVIEW ESTATE | S LLC | · | | | |
| | | ·- | | | | |
| | Name of Lim | ited Liability Company | | | | |
| L11000089782 | | | | | | |
| Document 8 | Number, if known | | | | | |
| A copy of this resignat | ion was mailed to the a | bove listed limited liability c | ompany at its last | known ad | dress. | |
| The agency is terminat | ed and the office disco | ntinued on the 31st day after | the date on which | this stater | nent is | filed. |
| | | · | | | | |
| | Na | ncy Helon - Brown Signature of Resigning Agent | | | | |
| | | Signature of Resigning Agent | | | | |
| lf signing on behalf of | an entity: | | | | | |
| | NANCY HELM-BRO | OWN | | | | |
| | • | yped or Printed Name | | | | |
| | ASSISTANT SECRE | | | | | |
| | | Capacity | | | | |
| | FILING \$ 85,00 \$ 25,00 | | mpany 1/ voluntarily diss y company | SECALIAR 1741 BAH | 2024 JAN 29 | .77 |
| | Make checks payab | Active limited liability cor Administratively dissolved withdrawn limited liabilit le to Florida Department of S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | tate and mail to: | Y OF STATE | 9 AM 9: 01 | LED |