

(Requ	iestor's Name)
(Addr	ess)	· · · · · · · · · · · · · · · · · · ·
(Addr	ess)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Fil	ling Officer:	

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COVER LETTER

10:	Amendment Section Division of Corporations	
SURI	UECT: Water Bridge 2 Associator	n, Inc.
.,01,0	(Name of Corporati	on)
DOC	UMENT NUMBER: 727708	
The e	nclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the	ne following:
Mic	chael R. Bass	
	(Name of Person)	
Mic	chael R. Bass, PA	
	(Name of Firm/Company)	
140	08 S. Andrews Ave.	
	(Address)	
Ft.	Lauderdale, FL 33316	
	(City/State and Zip Code)	
For fu	irther information concerning this matter, please call:	
Mic	chael R. Bass at 954	467-8801 & Daytime Telephone Number)
	(Name of Person) (Area Code	& Daytime Telephone Number)
Enclo	osed is a check made navable to the Florida Departmen	t of State for \$87.50 for an active con

poration or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

 $c_{A} = \sqrt{2 \pi \lambda^2} = - \frac{1}{2} \left(\frac{1}{2} \right)^{\frac{1}{2}}$

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	.1509.
Florida Statutes, the undersigned. Michael R. Bass	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Water Bridge 2 Associatio	n, Inc.
(Name of Corporation)	
727708	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Aignature of Resigning Agent)	
If signing on behalf of an entity:	2019 KG (- 4
(Typed or Printed Name)	
	31 31
	 ·
(Capacity)	$\frac{1}{\omega}$

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 \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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