## F23000000271

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

Office Use Only



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FILED AMI0: 15

2023 OCT -4 AMII: 2 RECEIVED CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

			2500					
			N COCKE	T. NO		<b>TODOOO</b>	00105	
						1200000		
			REFE.	RENCE	:	035907	7541001	
			AUTHORIZ	MOITA	:	: 11	Vida .	
			COST	LIMIT	:	\$ 35,00	Exerson	
ORDER	DATE	: 0	ctober 3,	2023		<del>-</del>	<del>,</del>	
ORDER	TIME	:	9:19 AM					
ORDER	NO.	: 0	35907-005					
CUSTO	MER NO	:	7541001					
				<b></b>	<b>-</b> -			<b></b>
FOREIGN FILINGS								
	NAME	:	PROUD S	OURCE W	IATE	ER, INC.		
XX CORPORATE								
LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY								
XXXX WITHDRAWAL/CANCELLATION								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY CERTIFICATE OF STATUS								

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

## **COVER LETTER**

	Division of Corporations					
SUBJE	PROUD SOURCE WATER, INC.					
SUBJE	CI	(Name of Corporation)				
DOCU	MENT NUMBER: F23000000271					
The enc	losed withdrawal application and	I fee are submitted for filing.				
Please r	eturn all correspondence concernin	ng this matter to the following:				
	MELANIE HANSEN					
		(Name of Person)				
	PROUD SOURCE WATER, LLC					
		(Firm/Company)				
	1465 N. SCOTTSDALE RD., #600					
		(Address)				
	SCOTTSDALE, AZ 85257					
	(1	City/State and Zip code)				
For furth	her information concerning this ma	utter, please call:				
ROBYN	FRATTALI	at ( 858 ) 314-1500				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	d is a check for the amount:					
□ \$35 F	Filing Fee <b>\$43.75</b> Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				
7 E F	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	(Name of Corporation	)
F2	3000000271	
	(Document Number of Corporation	n (if known)
DE	ELAWARE, JANUARY 17, 2023	
	(Incorporated Under Laws of and date authorized to trans	eact business/conduct its affairs)
This corporappoints the time it was a	ation revokes the authority of its registered agent in Department of State as its agent for service of process authorized to transact business or conduct affairs in Faculty and its a current mailing address for the corporation:	n Florida to accept service on its behalf and ss based on a cause of action arising during the
	ng is a current mailing address for the corporation: 65 N. Scottsdale Rd., #600	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
<del></del>	(Mailing Address)	
Sco	ottsdale. AZ 85257	SEE FLOW
	(City/ State /Zip)	DIAIE LORIDA
The corpora	tion agrees to notify the Department of State in the fu	iture of any change in its mailing address.
M	Docusioned by.	10/3/2023   9:54:24 AM PDT
(Si <del>gn</del> recei	were or other court appointed fiduciary, by that fiduciary)	(Date)
MEL	ANIE HANSEN	Secretary and Chief Legal Officer
	(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**