

L05000008550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

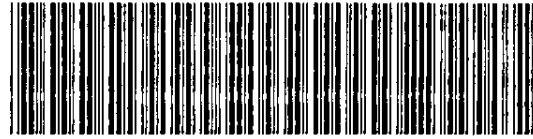
Special Instructions to Filing Officer:

**L. SELLERS**

MAR 25 2011

**EXAMINER**

Office Use Only.



400198727424

03/24/11--01034--017 \*\*25.00

**FILED**  
11 MAR 24 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AQASPORTS, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CARLOS ARTURO NELSON  
(Contact Person)

AQASPORTS, LLC  
(Firm/Company)

2332 GALIANO STREET 2ND FLOOR  
(Address)

CORAL GABLES, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS ARTURO NELSON at ( 786 ) 312-7520  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AQASPORTS, LLC

2. This limited liability company was organized under the laws of:  
STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L05000008550

4. I, ALFONSO CORONA, hereby resign as a MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
11 MAR 24 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA