## L06000068643

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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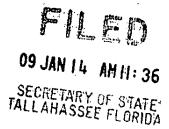
N. CHANGE JAN 15 20091

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	·
SUBJECT: Aguarius Florida L (Name of Limited Lia)	LC
(Name of Limited Lial	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Danna d Valler	
Raymond Veller (Contact Person)	
Aguarius Horida Lil C	
(Firm/Company)	
1910 J+C Blvd (Address)	
(Address)	
Naples, FL 34109 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
00,0000 18/100	139 566-2199
(Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F  \$25 Filing Fee	Floriday Department of State for:    V   \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





## 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:	quarius Florida	uc .
	V	
	·	
_	ility company was organized	under the laws of:
_ Florida	·	•
3. The Florida docu	ument/registration number of	this limited liability company is:
L06000	<u> </u>	•
<del> </del>	,	<del></del>
4.1, Dawn	Keller	, hereby resign as a Managing Member
	ame of Person Resigning)	(Print Fille)
of this limited lial	bility company and affirm the	e limited liability company has been notified of my
resignation in wr		• • •
<u></u>		,
	1 Min & X	0 1/8/2
THE STATE OF THE S	+4)m//	
Signature of Resi	igning Member, Managing M	lember or Manager
Filing Fee:	\$25.00 (Required)	•
Certified Copy:	\$30.00 (Optional)	•••