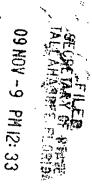
207000026718

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		;			

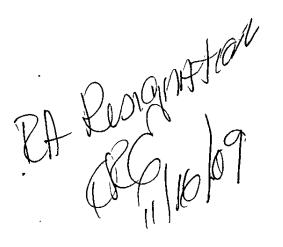


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Office Use Only



COVER LETTER

SUBJECT: Mountain and Water Investments, LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L07000026718</u>
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Felicia Henderson
Name of Person
Matthews & Hawkins, P.A.
Name of Firm/Company
· 4475 Legendary Drive Address
. 1441.005
Destin, Florida 32541
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Felicia Henderson at (850) 837-3662 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416	(2) or 608.509, Flori	ida Statutes, the undersigned,	
Dana C. Matthews		, hereby resigns as	ereby resigns as	
	Name of Registered Age		, , , ,	
Registered Agent for	Agent for Mountain and Water Investments, LLC			
	Name of Lin	nited Liability Company	,	
L0700	0026718			
Document N	umber, if known			
A copy of this resignati	on was mailed to the a	above listed limited l	liability company at its last know	/n address.
The agency is terminate	ed and the office disco	ntinued on the 31st of	day after the date on which this s	statement is filed.
		Signature of Resignin	g Agent	
If signing on behalf of a	an entity:	•		
	Typed or Printed Name			SECRETAR TALLAHASS
		Capacity		OV-
				9 P
				FM 12: 33
	FILING	FEES:	Lilita	နှင့် ခြန်
	\$ 85.00 \$ 25.00	Active infilted lia Administratively withdrawn limite	bility company dissolved/voluntarily dissolved d liability company	V 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314