407000091315

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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D. BRUCE

APR 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Aqua-Terra Construction, 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:
Justin P. Roden (Contact Person)
Mone (Firm/Company) One (Firm/Company) One (Firm/Company)
2511 Belleville Ct. (Address)
Cape Coral F.L. 33991 (City/State and Zip Code)
For further information concerning this matter, please call:
Tustin P. Roden at (239) 938-5442 (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 \$ Certified Copy
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



March 16, 2009

JUSTIN RODEN 4720 SE 15TH AVENUE, SUITE 202 CAPE CORAL, FL 33904

SUBJECT: AQUA-TERRA CONSTRUCTION, LLC

Ref. Number: L07000091315

We have received your document for AQUA-TERRA CONSTRUCTION, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 109A00008889



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records of the	of the Florida Department
2. This limited liabi	lity company was organi:	zed under the laws of:	,
	ment/registration number	r of this limited liability comp	pany is:
·	me of Person Resigning) ility company and affirm	, hereby resign as a, the limited liability company	, (
Qusti Pi	^	g Member or Manager	O9 AI
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PR-9 PM 4: 26 ETARY OF STATE HASSEE, FLORID