L07000106470

| (Re | questor's Name) | | | | |
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| . (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone #/ | 1 | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates of | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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T. HAMPTON

COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: TBBT Utility LLC | |
|--|---|
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L07000125273 | |
| The enclosed Resignation of Registered Agent for a Limited for filling. | Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to the | ne following: |
| Terrie Hall | |
| Name of Person | • |
| TBBT Water Company LLC | |
| Name of Firm/Company | |
| 1512 El Dorado Parkway W | |
| Address | • |
| Cape Coral FL 33914 | |
| City/State and Zip Code | • |
| terrie@terriehall.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Terrie Hall at (239 | 338-7084 |
| Name of Person Area Code | & Daytime Telephone Number |
| Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company. | t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited |

MAILING ADDRESS:

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, F1, 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 SEP 18 PM 3:52

SECRETARY OF STATE TALLAHASSEE, FLORIBA

September 4, 2013

TERRIE HALL TBBT WATER COMPANY LLC 1512 EL DORADO PKWY W CAPE CORAL, FL 33914

SUBJECT: TBBT WATER COMPANY, LLC

Ref. Number: L07000106470

We have received your document for TBBT WATER COMPANY, LLC and your check(s) totaling \$170.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00020888

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section | n 608.416(2) or 608.50 | 9, Florida Statutes | . the undersig | ned, | | |
|---------------------------------------|-----------------------------|--|-----------------|---|-------------|------------|
| Todd Mooney, hereby resigns as | | | | | | |
| _ | istered Agent | | | | | |
| Registered Agent for TBBT W | ater Company | LLC- | | | _ | |
| SBTB ENTE | RPRISES, LLC | | | | | |
| 1 | fame of Limited Liability C | Company | | | | |
| L07000106470 | | | | | | |
| Document Number, if know | n | | | | | |
| A copy of this resignation was mail | ed to the above listed I | imited liability co | mpany at its k | ist known address | 3. | |
| The agency is terminated and the of | Tice discontinued on the | ne 31st day after th | ne date on whi | ch this statement | is filed. | |
| • | | | | | | |
| | Signature of | Resigning Agent | | | | |
| If signing on behalf of an entity: | | | | • | | |
| Transpiring on bonan contingen | ad Mrs | 1001 | | • | • | |
| | Typed or Printed | Name / | | - 00.00 | 11.0 | Į. |
| | MGRM | SBTE | SENTE | rpuses | WLR | m\ |
| | Capacity | | Todd | rpeises, | | |
| | | | | | 4. | |
| | | | | <i>i</i> | | • |
| | \$ 25,00 Administr | nited liability com atively dissolved/ n limited liability | voluntarily d | lissolved/ | | |
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