# 10800074/21

(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:						
CEIVEL 22 AM 8: 00 ARY OF STATE ASSESSIFEORIGA						
Office Use Only						



800168452268

02/18/10--01030--009 \*\*85.00

TILLES

10 FEB 22 AH DA 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APO Pagay



REPLY TO:
MELANIE UNDERWOOD
MUNDERWOOD@BERLINPATTEN.COM

February 16, 2010

### VIA REGULAR MAIL

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

Re:

Aqua and the Little Wet Bar, LLC

Dear Sir/Madam:

Enclosed herewith please find the following:

- 1. Resignation of Registered Agent for a Limited Liability Company; and
- 2. Check No. 1146in the amount of \$85.00 which represents the filing fee due.

Please contact me immediately if there is a problem and the payment and/or filing cannot be processed immediately. Should you have any questions or comments please do not hesitate to contact me.

Sincerely,

Melanie Underwood, Legal Assistant

For the Firm

**Enclosures** 

Cc: Aqua and the Little Wet Bar, LLC, c/o Mike Fiscina, Managing Member

## **COVER LETTER**

SUBJECT:	Aqua and t	he Lit	tle We	t Bar, L	LC
	Name of	Limited	l Liabilit	y Compan	y
DOCUMENT NUMB	ER:	Ļ	08000	074121	······
The enclosed Resignati for filing.	ion of Registered Age	ent for	a Limite	d Liabilit	y Company and fee are submitted
Please return all corres	pondence concerning	this m	atter to 1	the follow	/ing:
	anie Underwood				
1	Name of Person			<del></del>	
	in-Patten, PLLC	_			
Nam	e of Firm/Company			_	
1819 Ma	in Street, Suite 100 Address	00	······································	···	
	ota, Florida 34236 State and Zip Code		. <u>-</u>	_	
E-mail address: (to be	used for future annual re	•	,	_	
Melanie Ur	_	at (	941	)	954-9991

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Name of Person

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

Area Code & Daytime Telephone Number

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 608.416(2) or 608.509,	Florida Statutes, the undersig	ined,				
Berlin I	Law Firm, PA	, hereby resigns	, hereby resigns as				
Name of	Registered Agent	,,,					
Registered Agent for Aqua and the Little Wet Bar, LLC							
	Name of Limited Liability Cor	npany	,				
L0800007412 Document Number, if k	nown						
A copy of this resignation was m	nailed to the aboye listed lim	ited liability company at its l	ast known address.				
The agency is terminated and the	e office discontinued on the Signature of Res		ich this statement is filed  10 FEB  TALLAH				
If signing on behalf of an entity:			B 22 HASS	<b>⊒</b> '			
	Evan N. Ber Typed or Printed Na President Capacity	ame	2 AM 10# 3: RY OF STAT SEE, FLORI	FILED			

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (08/05)