

LOG 000062880

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(Requestor's Name)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2012 OCT 17 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
OCT 18 2012  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WATER TOWER HARDWARE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000062880

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:

Steen Brown  
Name of Person

Brown Law, PL  
Name of Firm/Company

8 Broadway, Suite 109  
Address

Kissimmee, FL 34741  
City/State and Zip Code

sbrown@brownlawpl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steen Brown at ( 407 ) 344-3400  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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

FILED  
2012 OCT 17 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Brown Law, PL

Name of Registered Agent

, hereby resigns as

Registered Agent for

Water Tower Hardware, LLC

Name of Limited Liability Company

L09000062880

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Steen James Brown

Typed or Printed Name

Owner

Capacity

FILED  
2019 OCT 17 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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**