

L1600040750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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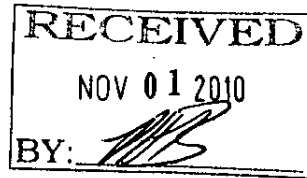
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2010 NOV -4 AM 15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. CLINE

NOV - 5 2010

EXAMINER



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T&H H2O VENTURE, 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:

NORMAN C. POWELL
(Contact Person)

LAW OFFICES OF NORMAN C. POWELL
(Firm/Company)

17100 N.E. 19th AVENUE
(Address)

NORTH MIAMI BEACH, FLORIDA 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN C. POWELL at (786) 355-4500
(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

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (5/06)

2010 NOV -4 AM 11:15
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: T & H H2O VENTURE, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L10000040750

4. I, ANDREW HERSKOWITZ, hereby resign as a MEMBER
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA