

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
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Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC REGISTERED AGENT RESIGNATION
AMA WATERS LLC**

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

OCT 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMA WATERS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000096899

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:

Helen Mac-Tran
Name of Person

NRAI SERVICES, INC
Name of Firm/Company

111 8th Avenue, 13th Floor
Address

New York, New York 10011
City/State and Zip Code

Helen.Mac-Tran@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Mac-Tran at (212) 590-9118
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NRAI SERVICES, INC

_____, hereby resigns as
Name of Registered Agent

Registered Agent for

AMA WATERS LLC

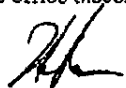
Name of Limited Liability Company

L10000096899

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:

NRAI SERVICES, INC - Helen Mac-Tran

Typed or Printed Name

Assistant Secretary

Capacity

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