

L11000033064

(Requestor's Name)

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FALLS CHURCH, VIRGINIA

B. BOSTICK  
AUG 25 2011  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REWATER, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000033064

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:

Gregory M Itnyre  
Name of Person

REWATER, LLC  
Name of Firm/Company

209 Thirteenth Street  
Address

St. Augustine, FL 32084  
City/State and Zip Code

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

For further information concerning this matter, please call:

Greg Itnyre at ( 904 ) 347-9030  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILE  
11 AUG 24 11 21 AM  
DIVISION OF CORPORATIONS  
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,

Gregory M Itnyre

, hereby resigns as

Name of Registered Agent

Registered Agent for

REWATER, LLC

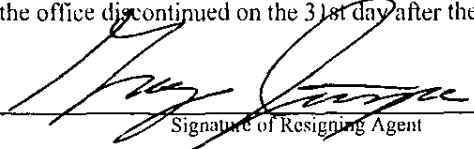
Name of Limited Liability Company

L11000033064

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:

Typed or Printed Name

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

ALL DOCUMENTS FILED  
11 AUG 21 11 21 50  
TALLAHASSEE, FLORIDA