

L110000 88344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

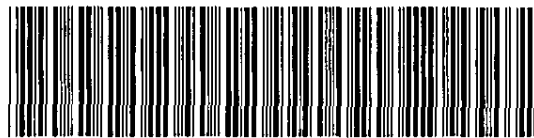
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FILED
12 MAY 14 PM 12:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A2 Water Services
Name of Limited Liability Company

DOCUMENT NUMBER: L11000088344

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:

Brett Roth
Name of Person

A2 Water Services
Name of Firm/Company

1991 W Tall Oaks Dr
Address

Beverly Hills FL 34465
City/State and Zip Code

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

For further information concerning this matter, please call:

Brett Roth at (352) 270-2942
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Nanci Both

, hereby resigns as

Name of Registered Agent

Registered Agent for

A1 Water Services

Name of Limited Liability Company

L11000088344

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.

Nanci Both

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
12 MAY 14 PM 12:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILING FEES:

\$ 85.00

\$ 25.00

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
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L11000089344

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