

L12000121822

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

From: Account Name : TRENAK, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
Account Number : 076424003301
Phone : (813) 223-7474
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P.A.

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

Email Address: _____

2020 FEB 27 AM 9:06

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LLC REGISTERED AGENT RESIGNATION WATERS EDGE RECOVERY, LLC

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

Help

FEB 28 2020

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

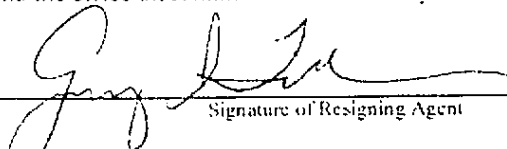
TK Registered Agent, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for Waters Edge Recovery, LLC _____
Name of Limited Liability Company

LI2000121822 _____
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:

Gary I. Teblum _____
Typed or Printed Name
Attorney _____
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withdrawn limited liability company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

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FILED