

L13000107204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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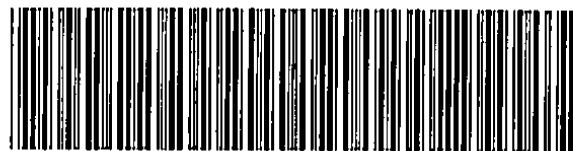
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUL 19 AM 10:57

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Satori Waters, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000107204

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:

Douglas O'Keefe

Name of Person

Name of Firm/Company

1111 Brickell Avenue, Suite 1300

Address

Miami, FL 33131

City/State and Zip Code

juddbrazer@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas L. O'Keefe

Name of Person

at ( 305 ) 213-9029

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Douglas O'Keefe

, hereby resigns as

Name of Registered Agent

Registered Agent for Satori Waters, LLC

Name of Limited Liability Company

L13000107204

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.

Douglas O'Keefe

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUL 19 AM 10:58

FILED

**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**