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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u></u>
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K. SALY MAY 1 0 2018

COVER LETTER

SUBJECT: AQUA TERRA WORKS, LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
EUGENE GILMARTIN III (Contact Person)
AQUATERRA WORKS, LLC (Firm/Company)
960 SEMINOLE ROAD (Address)
(Address)
OSTEEN, FL 32764
(City/State and Zip Code)
For further information concerning this matter, please call:
EUGENE GILMARTIN III at (407) 474 - 9041 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Registration Section
Division of Corporations

Clifton Building

STREET/COURIER ADDRESS:

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department QUA TERRA WORKS, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L140	000035847
4. I, EUGENE	mber/manager withdrew/resigned or will withdraw/resign is: 5-3-18 FORMARTIN III hereby withdraw/resign as a fame of Person Resigning)
AMB	•
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Eugene	G. Cilmartin III
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)