14000164862

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COVER LETTER

SUBJECT: THE AQUAPROTECT LLC (L14000164862) (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:
Betty DEVALLET (Contact Person)
(Firm/Company)
11220 Sw 74 Averwe
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (786, 25943) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bu\$ \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	e limited liability com	ipany as it appears o	on the records of the I	Florida Department
of State is:	THE AGUA	PROJECT	21	
2. The Florida doo	cument/registration nu	ımber assigned to th	nis limited liability co	mpany is:
_614	00016486	2		. 17 07
3. The date this m	nember/manager withd	lrew/resigned or wil	ll withdraw/resign is:	06/15/12017
4. I. Jell	Hame of Person Resigning	, hereb	oy withdraw/resign as	a 🚉
MAR	(Print Title)	·		8:49
of this limited li- resignation in w	ability company and a riting.	ffirm the limited lia	ability company has b	een notified of my
	oold .			
Signature of D	Dissociating Member of	or Resigning Manag	ger	
Filing Fee:	` ·	,		
Certified Conv.	\$30.00 (Ontional	. 1		