## L15000147951

(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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PIALLAHASSEE, FLORIDA

19 JUN -5 PH 4: 3:

FILED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Waterview Estates o	of Key West, LLC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
		<u>×</u>	L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		\	Photo Copy
			Certificate of Good Standing
			Certificate of Status
		ļ <u></u>	Certificate of Fictitious Name
			Corp Record Search
		ĺ —	Officer Search
			Fictitious Search
Signature	<del></del>	<del></del>	Fictitious Owner Search
_			Vehicle Search
	· <b>-</b>		Driving Record
Requested by: Seth	06/05/19		UCC 1 or 3 File
Name	Date Time		UCC 11 Search
		<u> </u>	UCC 11 Retrieval
Walk-In Thom saves GA 8/00	Will Pick Up		Courier

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ!	ECT: Waterview Estates of Key West, LLC	
	Name of Limited Liability	/ Company
DOC	JMENT NUMBER: L15000147951	
The er for fili	closed Resignation of Registered Agent for a Limite ng.	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to t	he following:
Erica	H. Sterling, Esq.	
	Name of Person	-
Spott	swood, Spottswood, Spottswood & Sterling	
	Name of Firm/Company	-
500 F	leming Street	
	Address	-
Key V	Vest, Florida 33040	
<del></del> -	City/State and Zip Code	-
abrav	esmgr17@aol.com	
E-	mail address: (to be used for future annual report notification)	-
For fu	ther information concerning this matter, please call:	
Erica	H. Sterling 305	294-2450
	Name of Person Area Code	Daytime Telephone Number
Enclos liabilit liabilit	ed is a check made payable to the Florida Departmer y company or \$25.00 for an administratively dissolve y 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

	, <b>.</b>
Pursuant to the provisions of section 605.0115, Florida S	Statutes, the undersigned,
Harold E. Wolfe, Jr.	hereby resigns as
Name of Registered Agent	
Registered Agent for Waterview Estates of Key W	lest, LLC
Name of Limited Liability	Company
L15000147951	
Document Number, it known	
A copy of this resignation was mailed to the above listed	l 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.  TResigning Agent
Typed or Printe	ed Nane
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