

115000172835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

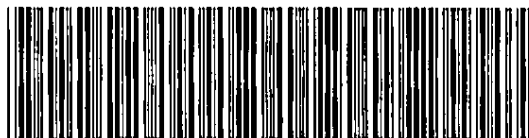
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

C. GOLDEN

JAN - 9 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WATERSIDE ATHLETICS LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000172835

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:

ANGELINA TERRERO

Name of Person

KABA CONSULTING INC

Name of Firm/Company

1655 E HWY 50, STE 203

Address

CLERMONT, FL 34711

City/State and Zip Code

ANGELINA@KABACONSULTING.COM

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

For further information concerning this matter, please call:

ANGELINA TERRERO

Name of Person

at (

352

Area Code

243-8460

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

KABA CONSULTING INC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for WATERSIDE ATHLETICS LLC

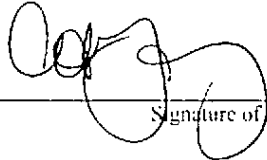
\_\_\_\_\_  
Name of Limited Liability Company

L15000172835

\_\_\_\_\_  
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:

ANGELINA TERRERO

\_\_\_\_\_  
Typed or Printed Name

FIRM ADMINISTRATOR

\_\_\_\_\_  
Capacity

**FILED**  
2018 DEC 26 PM 5:57  
CLERK OF STATE  
TALLAHASSEE, FL

### 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