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#### COVER LETTER

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SUBJECT: Name of Limited	d Liability Company
DOCUMENT NUMBER: L16000107242	
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitte
Please return all correspondence concerning this ma	natter to the following:
JORDAN B. SCHLOSSER	
Name of Person	
CANNABINOID WATER, LLC	
Name of Firm/Company	
12126 GLACIER BAY DR.	
Address	<del></del>
BOYNTON BEACH, FL 33473	
City/State and Zip Code	
jordan@cannabinoidwater.com	
E-mail address: (to be used for future annual report notif	tification)
For further information concerning this matter, plea	ase call:
JORDAN B. SCHLOSSER at ( 56	523-5083 Area Code Daytime Telephone Number
Name of Person Ar	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn lin

#### **MAILING ADDRESS:**

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes,	the undersigned,
ZEBERSKY PAYNE SHAW LEWENZ, LLP  Name of Registered Agent		, hereby resigns as
Registered Agent for	CANNABINOID WATER, LLC	
	Name of Limited Liability Compan	ly ,
L16000107242		
Document 3	Number, if known	
.,		I liability company at its last known address.  t day after the date on which this statement is file
If signing on behalf of	an entity:	ing Agent  ALL ALLA  TO DOT -7
	JORDAN A. SHAW, ESQ.	i i i i i i i i i i i i i i i i i i i
	Typed or Printed Name PARTNER	PH 11: 20
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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