

L16000223629

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:Division of Corporations
Fax Number : (850)617-6383**From:**Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-795319 NOV 2 AM 9:55
FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SECTION

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

12
11/21/2019 5:15 PM**LLC REGISTERED AGENT RESIGNATION
AQUALAND, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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COVER LETTER

H19000026057

TO: Registration Section
Division of Corporations

SUBJECT: AQUALAND, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000223629

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:

Amanda Archambault

Name of Person

INCORPORATING SERVICES, LTD.

Name of Firm/Company

3500 SOUTH DUPONT HIGHWAY

Address

DOVER, DE 19901

City/State and Zip Code

aarchambault@incserv.com

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

For further information concerning this matter, please call:

Name of Person 800 at (346-4646) Area Code Daytime Telephone Number

19 JAN 22 AM 9:55
FL
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

INCORPORATING SERVICES, LTD.

_____, hereby resigns as

Name of Registered Agent:

Registered Agent for AQUALAND, LLC

Name of Limited Liability Company

L16000223629

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:

AMANDA ARCHAMBAULT

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

19 JAN 22 AM 9:55

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