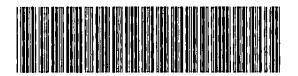
1170000 66696

(Rec	uestor's Name)	
(1133	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(5)	cument Number)	
(DA	ument Namber)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





800345482168

08/02/20--01023--001 **85.00

197 -2 1" 9:39

R. WHATE.
JUN 18 2020

COVER LETTER

Division of Corporations AQUASTAR SPORTS DEVELOPMENT, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L17000066696 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: Ed Tsuji Name of Person MyCompanyWorks, Inc. Name of Firm/Company 187 E. Warm Springs Road, Suite B. Address Las Vegas, NV 89119 City/State and Zip Code orders@mycompanyworks.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ed Tsuji Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	ection 605.0115, Florida Statutes, the undersigned,	
InCorp Services, Inc.	, hereby resigns	as
Name	of Registered Agent	
Registered Agent for		
AQUASTAR SPORTS	DEVELOPMENT, LLC	
	Name of Limited Liability Company	
L17000066696		
Document Number, i	f known	
A copy of this resignation was	mailed to the above listed limited liability company at its la	ist known address.
	the office discontinued on the 31st day after the date on whi	ch this statement is filed
If signing on behalf of an entit		<i>(-)</i>
Jen	nifer Peters	,
Ass	Typed or Printed Name istant Secretary of InCorp Services, Inc.	; ;
Capacity		• •
		.;;
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily di withdrawn limited liability company	issolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

grant to the second