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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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SECRETARY OF STATE

J DENINIS

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Alkaline Water LLC (Name of Limited Liability Company) |
|---|
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| Savita Soves (Contact Person) |
| AlkaVita Alkaline Water, LLC (Firm/Company) |
| BOI Piner Place Strat. |
| City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Savite January (Name of Contact Person) at AU, UZ9-9536 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{25}\$ Filing Fee \sum_{55}\$ Filing Fee & Certified Copy |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| | imited liability company as it appears on the records of the Florida Department |
|----------------------|---|
| of State is: Alk | aVita Alkaline Water, LLC. |
| 2. The Florida docur | ment/registration number assigned to this limited liability company is: |
| 117000 | 52139174 |
| 3. The date this men | aber/manager withdrew/resigned or will withdraw/resign is: 015122 |
| 4.1. 10x4ec | hereby withdraw/resign as a me of Person Resigning) |
| Marage | Print Title) |
| _ | lity company and affirm the limited liability company has been notified of my |
| resignation in writ | ~ |
| Signature of Dis | sociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |