

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**LR000137245**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000037070 3)))



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**To:**

Division of Corporations  
 Fax Number : (850)617-6383

**From:**

Account Name : COMPUTERSHARE  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)214-8442

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

**Email Address:** \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**  
**ALFONSO WATER LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

**FILED**  
**2025 JAN 30 AM 9:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alfonso Water LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000137245

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:

Erika Easter

Name of Person

eResidentAgent, Inc.

Name of Firm/Company

228 Park Ave S, PMB 50845

Address

New York, NY 10003-1502

City/State and Zip Code

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

For further information concerning this matter, please call:

Erika Easter at (310) 820-1000  
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

**eResidentAgent, Inc.**

, hereby resigns as

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

Registered Agent for **Alfonso Water LLC**

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

**L18000137245**

\_\_\_\_\_  
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:

**Jeffrey A Unger**

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

**President**

\_\_\_\_\_  
Capacity

**FILED**  
**2025 JAN 30 AM 9:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

### **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**