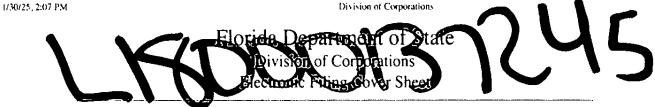
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→ 18506176383

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Division of Corporations



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(((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 : (561)214-8442 Fax Number

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

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## LLC REGISTERED AGENT CHANGE ALFONSO WATER LLC

Certificate of Status	0
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### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT:Name of Limite	d Liability	Company
DOC	UMENT NUMBER: L18000137245		
The enfor fil	nclosed Resignation of Registered Agent for ing.	a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning this n	natter to th	e following:
Erika	Easter		
	Name of Person		
eRes	identAgent, Inc.		
	Name of Firm/Company		
228 F	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 not	ification)	
For fu	rther information concerning this matter, ple	ase call:	
Erika	Easter 3	310	820-1000  Daytime Telephone Number
	Name of Person A	Area Code	Daytime Telephone Number
liabili	sed is a check made payable to the Florida D ty company or \$25.00 for an administratively ty company.	epartment / dissolved	of State for \$85.00 for an active limited l, voluntarily dissolved or withdrawn limited

#### **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 provisi	ions of section 605.0115, Florida Statutes,	the undersigned,
eResidentAgent, I	, hereby resigns as	
	Name of Registered Agent	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	Alfonso Water LLC	
	Name of Limited Liability Compan	•
L18000137245		
Document ?	Number, if known	
-		
If signing on behalf of	an entity:	ALL:
	Jeffrey A Unger	PIL 2025 JAN 30 SECRETAINSS FALLAIMSS
	Typed or Printed Name	N 30
	President	mo a C
	Cupacity	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