

L18 000 228698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

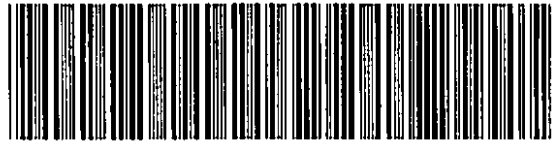
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/12/20--01021--007 \*\*25.00

FILED  
2020 JUN 12 AM 10:05  
JUL 01 2020

Resignation

JUL 01 2020  
ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IHEART 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:

James Wisner

(Contact Person)

IHEART WATER LLC

(Firm/Company)

18000 SW 88TH COURT

(Address)

PALMETTO BAY, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES WISNER

at (305) 934-5734

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2020 JUN 12 AM 10:05  
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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: IHEART WATER LLC

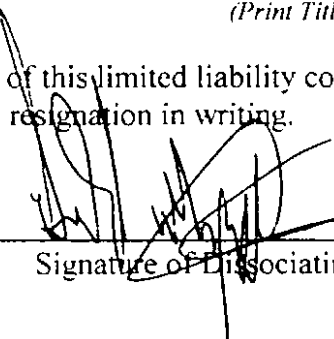
2. The Florida document/registration number assigned to this limited liability company is:  
L18000228698

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2020

4. I, HAROLD MAZZOTTI, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR HAROLD MAZZOTTI  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)