L19000194565

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

SUBJECT: Name	of Limited Liabil	ty Company
DOCUMENT NUMBER: L19000194565		
The enclosed Resignation of Registered after filing.	Agent for a Limit	ted Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to	the following:
Toni Lynn Schmidt		
Name of Person		_
Name of Firm/Company	/	
9455 108th Ave Lot 246		
Address		
Vero Beach, FL 32967		
City/State and Zip Code		
E-mail address: (to be used for future annua	al report notification)
For further information concerning this r	natter, please cal	l :
Toni Lynn Schmidt	484 at (986-8870

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.011:	5, Florida Statutes, the un	dersigned,	
Toni L Schmidt			, hereby resigns as	;
Name of	Registered Ages	nt		
Registered Agent for H2O Const	ruction FL LL	.C		
	Name of Lim	nited Liability Company		•
L19000194565				
Document Number, if ke	nown			
A copy of this resignation was m	nailed to the a	above listed limited liabili	ty company at its last	known address.
The agency is terminated and the	e office disco	Signature of Resigning Agen	fter the date on which	this statement is filed.
If signing on behalf of an entity:			:	
	T	yped or Printed Name		8 P
		Capacity		H 1:52
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily diss pility company	colved/

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