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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FORWARD LAW FIRM, P.A.

Account Number : 120090000062 Phone : (407)621-4200

: (407)621-4210 Fax Number

\*\*Enter the email address for this business entity to be used for future \*\*

\*\*Enter the email address for this business entity to be used for future \*\*

\*\*Enter the email address please.\*\* Annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_corporations@forwardlawfirm.com\_

# LLC REGISTERED AGENT RESIGNATION ULTIMATE ALKALINE WATER, LLC

Certificate of Status	1
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M. SOLOMON

MAR 1 5 2024

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To:

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ULTIMATE ALKALINE WATER, LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: 1.19000266823	
The enclosed Resignation of Registered Agent for a Limited Liability Cofor filing.	ompany and fee are submitted
Please return all correspondence concerning this matter to the following:	
Jared Mangum	
Name of Person	
Forward Law Firm	_
Name of Firm/Company	
1615 Woodward Street	
Address	
Orlando, Fl. 32751	21 15 PH 3: 42
City/State and Zip Code	#3 <b></b>
corporations@forwardlawfirm.com	= . V
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rebecca Wilbur at (407 ) 621-4213  Name of Person Area Code Daytime Te	lephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

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Ta,

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the t	undersigned.	
ASSURED COMPLIANCE SERVICES, LLC hereby resi	, hereby resigns as	
Name of Registered Agent		
Registered Agent for ULTIMATE ALKALINE WATER, LLC	/ <del>18 - 11 - 1</del> - 1	_
Name of Limited Liability Company		<b>-</b> ,
L19000266823		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liab	oility 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 i	is filed.
Part Calle		
Signature of Resigning Ay	gent	202
If signing on behalf of an entity:	:·	2024 ILTR 15
Philip K. Calandrino	÷.	<del>20</del>
Typed or Printed Name	• •	
President	1	
Capacity		PH 3: E

FILING FEES:

Active limited liability company
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

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