12000016976

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity N	ıme)
(Do	cument Number	r)
,		•
Certified Copies	Certificate	es of Status
		
Special Instructions to	Filing Officer:	
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	Office Use O	nly Ma



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COVER LETTER

Division of Corpora	tions	. 9	
Universa	al H2O LLC		
SUBJECT: Universa	Name of Limited Liability	Company	
DOCUMENT NUMBER:			
The enclosed Resignation o for filing.	f Registered Agent for a Limited	Liability Company and fee are sub	mitted
Please return all correspond	ence concerning this matter to th	ne following:	
United States Corporatio	n Agents, Inc.		
Name	of Person	•	
Legalzoom.com, Inc.			
Name of I	irm/Company		~) -
9900 Spectrum Dr.		Ī	1.131cki
A	dress		그 등학 - 등학
Austin, TX 78717			3 gTi
City/State	and Zip Code		
raresignations@legalzoo	m.com		: 53
E-mail address: (to be used	for future annual report notification)		
For further information cond	erning this matter, please call:		
	800 at (773-0888	
Name of Pers	on Area Code	Daytime Telephone Number	
Enclosed is a check made partiability company or \$25.00 liability company.	ivable to the Florida Department for an administratively dissolved	t of State for \$85.00 for an active lind, voluntarily dissolved or withdraw	nited ⁄n limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E:	et address: ation Section n of Corporations Building Recutive Center Circle ssee, FL 32301	

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605 0115. I	Florida Statutes, the undersi	oned		
United States Corpo			-		
	Name of Registered Agent	, h	ereby resigns as		
1.1.					
Registered Agent for U	ilversal H2O LLC		 		
					_
	Name of Limited	Liability Company			
L20000076976					
 .	mber, it known	_			
A copy of this resignatio	n was mailed to the abo	ve listed limited liability co	mpany at its last known a	ddress.	
The agency is terminated	l and the office disconti	nued on the 31st day after th	ne date on which this state	ement is	tiled.
		all			
	S	gnature of Resigning Agent		6)	<u>:_</u>
lf signing on behalf of ar	n entity:			22 0CT 13	ξ <u>2</u> 2022
-	Chevenne Mosele	J		13	2 2
		d or Printed Name		$\overline{\omega}$	
	1	ed States Corporation Agent	ts, Inc.	3	2 <u>4</u> .
		Capacity		:-	
				5	<u> </u>
	i.				-
	\$ 25.00 A	<u>ES:</u> Active limited liability com Administratively dissolved/ withdrawn limited liability	voluntarily dissolved/		
		to Florida Department of Sta ivision of Corporations	te and mail to:		

P.O. Box 6327 Tallahassee, FL 32314