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COVER LETTER

TO: Registration Section Division of Corporations

YOUR WATERWAYS, LLC SUBJECT:		
	Limited Liability (Company)
The enclosed member, resignation or diss	sociation and fe	e(s) are submitted for filing.
Please return all correspondence concern	ing this matter t	o:
DANNY SANM MARTIN		
(Contact Person)	· - -	
YOUR WATERWAYS, LLC		
(Firm/Company)		
421 SE SOLAZ AVE		
(Address)	,	_
PORT SAINT LUCIE, FL 34983		
(City/State and Zip Code)		
For further information concerning this n	natter, please ca	11:
DANNY SAN MARTIN	786 at (334-4648
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payab		
□ \$25 Filing Fee	\$55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

	limited liability company a	is it appears on the records of the Florida Department
2. The Florida doci	ument/registration number a	assigned to this limited liability company is:
Wight of the for	ı	signed or will withdraw/resign is:
4. I. <u> </u>	ame of Person Resigning)	hereby withdraw/resign as a
	(Print Title) bility company and affirm t	he limited liability company has been notified of my
resignation in wr	iting. Jehuan Anyushi	
Signature of Di	ssociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	2239 DEC