

L21 000155686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

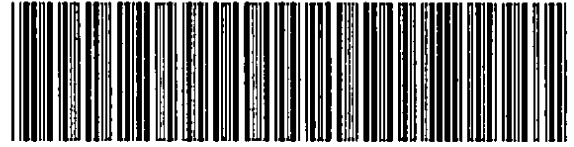
Special Instructions to Filing Officer:

Q. SILAS

JUL 05 2022

6/23/22

Office Use Only



900385698609

0-13-00-17-00-00-00-00

FILED

JUN 23 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUN 23 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FL

June 4, 2022

ANDREA GRANT
3 SAILFISH DRIVE
PALM COAST, FL 32137

SUBJECT: WATERS EDGE CONSULTING LLC
Ref. Number: L21000155686

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution must be filed before a statement of termination can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 322A00012551

Articles of Dissolution filed online on 6/20/22.
Payment of \$25.00 made with credit card online at
time of filing.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waters Edge Consulting LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Grant

Name of Person

Waters Edge Consulting LLC

Firm/Company

3 Sailfish Drive

Address

Palm Coast, FL 32137

City/State and Zip Code

Grantasj@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Grant

at (970) 443-3142

Name of Person

Area Code

Daytime Telephone Number

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

STATEMENT OF TERMINATION

FILED

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Waters Edge Consulting LLC
SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: L21000155686

THIRD: The date of filing of the initial articles of organization is: February 1, 2021

FOURTH: The date of filing of the dissolution is: April 10, 2022

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Andrea Grant
Signature of Authorized Representative

Andrea Grant
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)