# L21000422916

(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:		

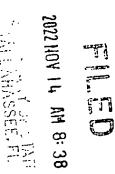
Office Use Only

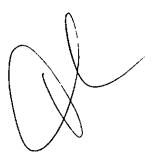


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#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Santa Rosa Seltzer Comp			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L21000422916	<del> </del>		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	e submitt	ed
Please return all correspondence concerning this matter to the	ne following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.		-2	
Name of Firm/Company		022 N	<b>4</b> 5
9900 Spectrum Dr.		2022 NOV 14	وريستان وريستان وريستان
Address	·	_	i Til
Austin, TX 78717	N S S E T	AM 8: 38	
City/State and Zip Code	, -m	કું. સુ	
raresignations@legalzoom.com		,,	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
at (	773-0888		
Name of Person Area Code	Daytime Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undersign	ed.
United States Corporation Agents, Inc.		eby resigns as
	Name of Registered Agent	
Registered Agent for	Santa Rosa Seltzer Company LLC	
	Name of Limited Liability Company	,
L21000422916		
Document N	lumber, if known	:/ <b>2</b>
	ion was mailed to the above listed limited liability comed and the office discontinued on the 31st day after the	date on which this statement is filed.
	Signature of Resigning Agent	ASSEE FL
If signing on behalf of	an entity;	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents	, Inc.
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 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 Taliahassee, FL 32314