L21000502307

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TIDEWATER MANAGEMENT COMPANY LLC SUBJECT:	
Name of Limited Liabili	ty Company
DOCUMENT NUMBER: 1.21000502307	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Ryan Potter	
Name of Person	_
ZenBusiness Inc.	
Name of Firm/Company	_
336 E. College Ave. Suite 301	
Address	_
Tallahassee, FL 32301	
City/State and Zip Code	-
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification	_
For further information concerning this matter, please call	:
Ryan Potter 844 at (493-6249
Name of Person Area Coc	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ZENBUSINESS INC	risions of section 605.0115, Florida Statutes, t	-		
Name of Registered Agent		. hereby resigns as		
Registered Agent fo	н			
TIDEWATER MAN	AGEMENT COMPANY LLC			
	Name of Limited Liability Company	,		
1.21000502307				
Docume	nt Number, if known			
A copy of this resig	nation was mailed to the above listed limited	liability company at its last known address.		
The agency is termi	nated and the office discontinued on the 31st Signature of Resignin	day after the date on which this statement is filed by Agent P 20 F		
If signing on behalf	of an entity:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Khadijeh Hemmati			
	Typed or Printed Name	08		
	Secretary			
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations

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Name of Firm/Company	
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Address	
Tallahassee, FL 32301	
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	
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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5, Florida Statutes, the unde	rsigned,
ZENBUSINESS INC.			, hereby resigns as
	Name of Registered Age		, hereby resigns as
Registered Agent for			
TIDEWATER MANA	GEMENT COMPANY L	LLC	
	Name of Lin	nited Liability Company	·
L21000502307			
Document	Number, if known		
A copy of this resigna	ation was mailed to the a	above listed limited liability	company at its last known address.
The agency is termina	ated and the office disco	ontinued on the 31st day after Signature of Resigning Agent	r the date on which this statement is filed.
If signing on behalf o	f an entity:		
	Khadijeh Hemmati		
	T	Typed or Printed Name	
	Secretary		
		Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
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