L21000506552

(Requi	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	state/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
um	ills	

Office Use Only



100424613751

81.410.24 -01817--812 ##25.00

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: A YOOO Water Ice L.L.C.	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000506552	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ns of section 605.0115, Florida Si	atutes, the undersigned,	
United States Corpe	oration Agents, Inc.	. hereby resigns as	
	Name of Registered Agent		
Registered Agent for A	Yooo Water Ice L.L.C.	 -	
	Name of Limited Liability	Company	
L21000506552			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed	limited liability company at its last known address.	
The agency is terminated	d and the office discontinued on t	he 31st day after the date on which this statement is file	ed.
	Signature of	Resigning Agent	
If signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Printe	l 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Tallahassee, FL 32314