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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E&G FINANCIAL GROUP LLC

Account Number : I20220000177 Phone : (689)269-8784

: (407)536-4393 Fax Number

Enter the email address for this business entity to be used for future : annual report mailings. Enter only one email address please.

Email Address: __info@egfinancialgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LET'S SAVE WATER LLC

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COVER LETTER

то:		stration Section sion of Corporations			
SUBJ	ECT:	LET'S SAVE WATER LLC			
		(Name of Limited Liability Company)			
The er	nclosed	d member, resignation or dissocia	ition and fee(s) are submitted for filing.	
Please	e return	all correspondence concerning t	his matter to:		
VINIC	IUS EV	ANGELISTA			
4		(Contact Person)	- 	-	
E&G F	INANC	TAL GROUP LLC			
		(Firm/Company)		-	
7065 W	VESTPO	DINTE BLVD, SUITE 304			
		(Address)	,	=	
ORLA.	NDO, F	LORIDA 32835			
		(City/State and Zip Code)		-	
For fu	irther ii	nformation concerning this matte	r. please call:		
VINIC	ius ev	ANGELISTA	689 at {	269-8784	
•	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
	sed ple 5 Filin	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy	
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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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)

1. The name of the	limited liability company	as it appears on the records of the Florida	Department
of State is: LET	S SAVE WATER LLC	·····	<u>.</u> .
2. The Florida doc L22000108776	ument/registration number	assigned to this limited liability company	is:
		12/20/20	123
The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:	
4. I.	ESS LLC	hereby withdraw/resign as a	; · ·
(Print)	lame of Person Resigning)		
AUTHORIZED :	MEMBER (AMBR)		.`
	(Print Title)		•
of this limited lia	bility company and affirm	the limited liability company has been not	ified of my
resignation in wi			ప్
Carles Lisar de d	loncida Continho		
Signature of D	issociating Member or Res	igning Manager	
Filing Fee:	\$25.00 (Required)		
-	\$30.00 (Optional)		