## 422000183963

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phon	e #)
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(Business Entity Nat	ma)
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## **COVER LETTER**

TO: Registration Section Division of Corporations

INHS17 (2/14)

<sub>subject:</sub> Waterm	ark Filtration LLC		
	Name of Limited Liability Company		
DOCUMENT NUMBER:	L22000183963		
The enclosed Resignation o for filing.	Registered Agent for a Limited Liability Company and fee are su	bmitte	ed
Please return all correspond	ence concerning this matter to the following:		
United States Corporatio	n Agents, Inc.		
Name	of Person		
Legalzoom.com, Inc.			
Name of I	Firm/Company	22	4 .
9900 Spectrum Dr.		<b>22</b> 001 13	2.1 量::
Λ	Idress	$\frac{1}{\omega}$	<del>.</del>
Austin, TX 78717		A	
City/State	and Zip Code	::	); 1:1:
raresignations@legalzoo	m.com	53	· · · ·
E-mail address: (to be used	for future annual report notification)		
For further information con	cerning this matter, please call:		
	at ()		
Name of Pers	on Area Code Daytime Telephone Number		
Enclosed is a check made particular liability company or \$25.00 liability company.	ayable to the Florida Department of State for \$85.00 for an active for an administratively dissolved, voluntarily dissolved or withdra	limiteo wn lir	d nited
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 provisions of	section 605.0115. Florida Statutes, the undersigned,		
United States Corporati	on Agents Inc		
	of Registered Agent , hereby resigns as		
Registered Agent for Water	mark Filtration LLC		
		· · · · · · · · · · · · · · · · · · ·	•
	Name of Limited Liability Company		
L22000183963			
Document Number,	if known		
A copy of this resignation was	 s mailed to the above listed limited liability company at its last known ac	ldress.	
The agency is terminated and	the office discontinued on the 31st day after the date on which this state	ment is	filed
		inem is	inea.
	Signature of Resigning Agent		
If signing on behalf of an enti-	ty:	22 (	<u>.</u> <del>.</del>
Che	eyenne Moseley	<b>22</b> OCT 13	
	Typed or Printed Name	$\overline{\omega}$	- :
Asst	. \$ecretary for United States Corporation Agents, Inc.	AH	
	Capacity	7: 5:	A PROPERTY OF A PARTY OF THE PA
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	ယ	
Ma	ke checks payable to Florida Department of State and mail to: Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314