

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L22000308818**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TRUST PAY CORPORATION  
Account Number : I20140000092  
Phone : (786)520-6788  
Fax Number : (754)300-1545

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

Email Address: \_\_\_\_\_

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2023 AUG 25 PM 4:56

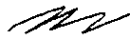
FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAPITAL WATER MITIGATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**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: CAPITAL WATER MITIGATION LLC
2. The Florida document/registration number assigned to this limited liability company is: L22000308818
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/14/2023.
4. I, WILLIAM GARDNER, hereby withdraw/resign as a MEMBER and MANAGER of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



William Gardner

*(Signature of Dissociating Member or Resigning Manager)*

