

# L23000160838

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

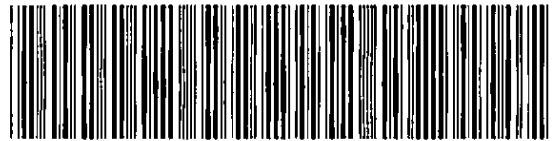
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
OCT 31 2024

Office Use Only



400437778834

10/15/24--01013--007 \*\*25.00

FILED  
2024 OCT 15 PM 3:51

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C R SPLASHES FL LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000160838

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUMMER BLAKE

\_\_\_\_\_  
Name of Person

QWNTM SERVICES LLC

\_\_\_\_\_  
Name of Firm/Company

202 NW 135 WAY UNIT 108

\_\_\_\_\_  
Address

PLANTATION FL 33325

\_\_\_\_\_  
City/State and Zip Code

INFO@QWNTMSERVICESLLC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUMMER BLAKE

at ( 307 ) 275-7806

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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 provisions of section 605.0115, Florida Statutes, the undersigned,

QWNTM SERVICES LLC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for C R SPLASHES FL LLC

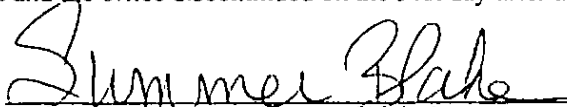
\_\_\_\_\_  
Name of Limited Liability Company

L23000160838

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

SUMMER BLAKE

\_\_\_\_\_  
Typed or Printed Name

MANAGER OF QWNTM SERVICES LLC

\_\_\_\_\_  
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