L23000314433

(R	equestor's N	iame)	
(A	ddress)		
(A	ddress)	_	
(C	ity/State/Zip/	Phone #)
PICK-UP	☐ WA	ΙΤ	MAIL
(В	usiness Enti	ty Name)	
(D	ocument Nu	mber)	
Certified Copies	Certi	ficates of	Status
Special Instructions to	Filing Office	er:	
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. CQVER LETTER »

Registration Section Division of Corporations TO:

SUBJECT: Aqua Fun Water Spor	ts Ll	_C			
Name of Limited	Liability	Company	_		
DOCUMENT NUMBER: L23000314433			_		
The enclosed Resignation of Registered Agent for a for filing.	Limited	Liability Company and fee a	re submitt	ted	
Please return all correspondence concerning this mat	tter to th	e following:			
United States Corporation Agents, Inc.					
Name of Person					
Legalzoom.com, Inc.					
Name of Firm/Company					
9900 Spectrum Dr.					
Address					
Austin, TX 78717			# US 1	2024 DEC 10	
City/State and Zip Code			至為	DEC	1
raresignations@legalzoom.com			ARY 889		1
E-mail address: (to be used for future annual report notific	cation)		Ü₽.	유	1!
For further information concerning this matter, pleas	e call:		180 18	PH 4: 52	۲
800 at (0 (773-0888	'nω	2	
Name of Person Are	a 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the c	undersigned.
United States Corporation Agents, Inc.	hereby resigns as
Name of Registered Agent	(Norce y resigns us
Registered Agent for Aqua Fun Water Sports LLC	
Name of Limited Liability Company	·
L23000314433	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabi	ility 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.
Trik Treatlein Signature of Resigning Age	ent 2
If signing on behalf of an entity:	DEC 10 WELVEST
Erik Treutlein	
Typed or Printed Name	
Vice President on behalf of United States Corporati	ion Agents, Inc.

FILING FEES:

Capacity

\$ 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