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COVER LETTER

TO: Registration Section	
Division of Corporations	
AQUAING WATER TREATMENTS LLC SUBJECT:	
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	:
SEBASTIAN A ODE	
(Contact Person)	_
AQUAING WATER TREATMENTS LLC	
(Firm/Company)	_
PO BOX 990205	
(Address)	_
NAPLES FL 34116	69 .
(City/State and Zip Code)	2024 SEC 2024
For further information concerning this matter, please call:	T
CARLOS E BARRAL VARGAS 239	2074 DEC -3 PH L.
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida l	F 1 • 1
■ \$25 Filing Fee □ \$55 Filin	g Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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 of State is:	company as it appears on the records of the Florida Department EATMENTS LLC
2. The Florida document/registratio	on number assigned to this limited liability company is:
4. I, SEBASTIAN A ODE (Print Name of Person Resignment MGRM (Print Title)	and affirm the limited liability company has been notified of my

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)