

M090000002295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

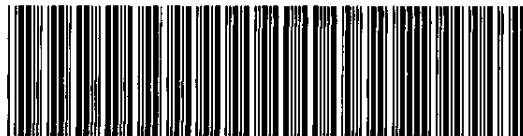
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700212226697

12/05/11--01011--019 **25.00

FILED

11 DEC -5 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen DEC - 6 2011

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATURA WATER, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000002295

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:

Rhonda Maybin
Name of Person

Capitol Services Registered Agent Department
Name of Firm/Company

800 Brazos, Suite 400
Address

Austin, Texas 78701
City/State and Zip Code

rmaybin@capitol-services.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Maybin at (800) 345-4647
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Return acknowledgment to:

★
Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767
800/345-4647 *REM*

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for

NATURA WATER, LLC
Name of Limited Liability Company

M09000002295
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:

Cheryl Roberts
Typed or Printed Name
President
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC -5 AM 10:45

FILED