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To:

Division of Corporations

Fax Number : (850) 617-6393

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500 2hone : (702)900-2290 Fax Number

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT RESIGNATION AQUA COMFORT TECHNOLOGIES, LLC

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TO: Registration Section Division of Corporations

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COVER LETTER

SUBJECT: AQUA COMFORT TECHNOLOGIES, LLC Name of Limited Liability Company	•	
DOCUMENT NUMBER: M12000003478	-	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee after filing.	re submi	tted
Please veturn all correspondence concerning this matter to the following:		
Wendy Hefley		
Name of Person		
Incorp Services, Inc.		
Name of Firm/Company	·1.	202
3773 Howard Hughes Parkway, Suite 500S	** *** * ***	2 HA
Address	1+ ∏ 1/ 1a	HAY 10
Las Vegas, NV 89169-6014	11.	
City/State and Zip Code	27	PH 12: 02
processing@incorp.com		: 0:2
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Incorp Services, Inc./Wendy Hefley 702 866-2500 ext 6904		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT

FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida S	tatutes, the undersigned,	
Incorp Services, Inc.		, hereby resigns as	
	Name of Registered Agent	, 101403 1440810 -1	
Registered Agent for	AQUA COMFORT TECHNO	OLOGIES, LLC	
	Name of Limited Liability	Company	
M12000003	3478	·\$ _{9.1}	20.
Document	Number, if known		الم الم
•		limited liability company at its last known address. the 31st day after the date on which this statement is	MAY 10 ded.
	Here	file signing Agent	Z0:28 KB
If signing on behalf of	an entity:	. 9	
	Wendy Hefley for Incorp S	Services, Inc.	
	Typed or Printe	ed Nanz	
	Authorized Representativ	e	
	Capacity		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES: \$ 85.00 Active \$ 25.00 Admin

Tallahassee, FL 32314