M17 (XXX)0005756

Office Use Only



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FILED

2022 APR -5 AM 7: 15

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 8 2022

COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: M17000005756	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Connie Hogan	
Name of Person	•
Unisearch, Inc.	
Name of Firm/Company	•
1780 Barnes Blvd. SW	
Address	•
Tumwater, WA 98512	
City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Connie Hogan at (360 Area Code) 956-9500 x118 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

Division of Corporations

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

		2027 SE
Pursuant to the provisions of section 605.0115. Florida Statute	es, the undersigned,	2022 APR -5 SECRETARY TALLAHO
Unisearch, Inc.	, hereby resigns as	AAAA A
Name of Registered Agent		SK (
Registered Agent for WATERLEAF TIC 3, LLC		APR-5 AM 7: 15 DRETARY OF STAT ALLAHASSEE, FL
		FA 5
Name of Limited Liability Comp	pany	
M17000005756		
Document Number, if known		
A copy of this resignation was mailed to the above listed limit	ed liability company at its last kno	own address.
The agency is terminated and the office discontinued on the 31	1st day after the date on which this	s statement is filed.
Courie Dogan Signature of Resig	gning Agent	
If signing on behalf of an entity:		
Connie Hogan		
Typed or Printed Nam	10	
Asst. Sec. for Unisearch, In	nc	
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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