M17000005796

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2022 APR -5 AM 7: 16
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 8 2022

COVER LETTER

WATERLEAF TIC 4, LLC SUBJECT:	
Name of Limited Liability Comp	any
DOCUMENT NUMBER: M17000005796	
The enclosed Resignation of Registered Agent for a Limited Liabi for filing.	lity Company and fee are submitted
Please return all correspondence concerning this matter to the following	owing:
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) 9 Name of Person Area Code Dayt	56-9500 x118
Name of Person Area Code Dayt	ime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

		2022 SE(
Pursuant to the provisions of section 605.0115. Florida Sta	itutes, the undersigned.	2022 APR -5 SECRETARY
Unisearch, Inc.	, hereby resigns as	圣景 占
Name of Registered Agent		
Registered Agent for WATERLEAF TIC 4, LLC		APR-5 AM 7: 16 RETARY OF STAT ALLAHASSEE, FL
		FATE FATE
Name of Limited Liability C	ompany	
M17000005796		
Document Number, if known		
A copy of this resignation was mailed to the above listed li	imited liability company at its last kno	own address.
The agency is terminated and the office discontinued on the	ie 31st day after the date on which this	s statement is filed.
Currie Hogan Signature of F	Resigning Agent	
If signing on behalf of an entity:		
Connie Hogan		
Typed or Printed	Name	
Asst. Sec. for Unisearc	uh, Inc.	
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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