M2000003969

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
<u> </u>	(Business Entity Name)
	(Document Number)
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Special Instructions to Filing Officer:	
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Office Use Only

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/08/23

NAME: WATERS EDGE 184 LLC

TYPE OF FILING: RA RESIGNATION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

, hereby resigns as

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Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Florida Filing & Search Services, Inc.

Name of Registered Agent

Registered Agent for <u>Waters Edge 184 LLC</u>

Name of Limited Liability Company

M2000003969

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.

ignature of Resigning Agent

If signing on behalf of an entity:





Active limited liability company Administratively dissolved/voluntarily dissolved/ <u>\$ 85.00</u> \$ 25.00

withdrawn limited liability company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