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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
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(Busin	iess Entity Nai	me)
(Docu	ment Number)	
Certified Copies	Certificate	s of Status
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Aqua Crystal LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: M21000010519	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	202
Austin, TX 78717	TALL TALL
City/State and Zip Code	2 7
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	mer w
For further information concerning this matter, please call:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ons of section 605.0115, Florida Statutes, the under	signed,
United States Cor	poration Agents, Inc.	horaby rasions as
	Name of Registered Agent	hereby resigns as
Registered Agent for _	Aqua Crystal LLC	
	Name of Limited Liability Company	
M21000010519		
Document N	lumber, if known	
A copy of this resignat The agency is terminat	Jumber, if known ion was mailed to the above listed limited liability c ed and the office discontinued on the 31st day after Tike Treatlein Signature of Resigning Agent	ompany at its last known address. the date on which this statement is filed.
	Crik Treutlein	12
	Signature of Resigning Agent	20 P
If signing on behalf of	an entity:	PH 3: 48
	Erik Treutlein	FA 18
	Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·
	Vice President for United States Corporation Age	nts, 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