N0800005689

(1	Requestor's Name)		
(,	Address)		
(,	Address)		
(1	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(1	Business Entity Name)		
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Waterline Charitable Fund, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER:_N08000005689	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	filing.
Please return all correspondence concerning this matter to the following:	
Elizabeth Hatfield	
(Name of Person)	
(Name of Firm/Company)	
4521 PGA Boulevard #422	
(Address)	
Palm Beach Gardens, Florida 33418	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Elizabeth Hatfield at (561) 627.HOPE (4673) (Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of	sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	,
Florida Statutes, the undersign	med. Elizabeth Hatfield	
	(Name of Registered Agent)	
hereby resigns as Registered A	Agent for Waterline Charitable Fund, Inc.	
nordely resigns as recognition a	(Name of Corporation)	 7
N08000005689		
(Document Number, if known	own)	
A copy of this resignation was	as mailed to the above listed corporation at its last known ac	idress.
The agency is terminated and this statement is filed.	the office discontinued on the 31st day after the date on wh	hich
Slight	sut Hatfield	
\mathcal{O}	(Signature of Resigning Agent)	2
If signing on behalf of an entity:		
Elizabeth	h Hatfield	1: 56 30 30 30 30 30 30 30 30 30 30 30 30 30
	(Typed or Printed Name)	
Registere	red Agent	
	(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallshassee, FL 32314