## P0400012845

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| Division of Corporations   |
| SUBJECT: ENVIRONMENTAL WATER WORKS OF THE EMERALD COAST, INC.                                    |
| (Name of Corporation)  |
| DOCUMENT NUMBER: P04000012845  |
| 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:                        |
| DON A MADDEN, JR.  |
| (Name of Person)   |
| ENVIRONMENTAL WATER WORKS OF THE EMEF  |
| (Name of Firm/Company)   |
| P.O. BOX 1165  |
| (Address)  |
| FORT WALTON BEACH FL 32549   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                     |
| Ginger L. Barry <u>at ( 850 ) 269-0148</u>   |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6                         | 07.0502(2), 617.0502(2), 607.1509, or 617      | .1509,                                    |
|--|--|---|
| Florida Statutes, the undersigned, Gi                            | nger L. Barry                                  |   |
|  | (Name of Registered Agent)                     |   |
| hereby resigns as Registered Agent for                           | ENVIRONMENTAL WATER WORKS                      | OF THE E                                  |
|  | (Name of Corporation)                          |   |
| P04000012845   |  |   |
| (Document Number, if known)                                      |  |   |
| A copy of this resignation was mailed to                         | o the above listed corporation at its last kno | own address.                              |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date    | on which                                  |
| GW (Si   | gnature of Resigning Agent)                    |   |
| If signing on behalf of an entity:                               |  |   |
|  |  |   |
|  | Typed or Printed Name)                         |   |
|  |  | 9 SE                                      |
|  |  |   |
|  | (Capacity)                                     | SECRETARY OF STATION SECRETARY OF AM 9: 4 |
|  |  | 是常  |
|  |  | - 99 A                                    |
| <u>Fee for filin</u>   | g this document:                               | 七重  |
| \$87.50 - Act  | tive comoration                                | <u> </u>                                  |

\$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 Tallahassee, FL 32314