P05000147827

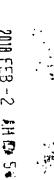
(Re	equestor's Name)	
(Ad	dress)	
(Address)		
(Ĉit	ty/State/Zip/Phone	• #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



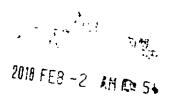


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COVER LETTER

Division of Corporations
SUBJECT: WATER MANAGEMENT CONSULTANTS & TESTING INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000147827
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:
NICOLE R ROSS / DON WILLIAMS
(Name of Person)
MOISTURE INTRUSION SOLUTIONS INC.
(Name of Firm/Company)
475 FENTRESS BLVD. SUITE A
(Address)
DAYTONA BEACH FL 32114

NICOLE R ROSS (Name of Person)

(City/State and Zip Code)

For further information concerning this matter, please call:

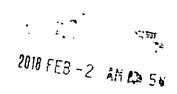
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

TO: Amendment Section

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 undersigned, DON WILLIAMS
(Name of Registered Agent)
hereby resigns as Registered Agent for
(Name of Corporation)
P05000147827
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
Don
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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 Tallahassee, FL 32314