

P06000152131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

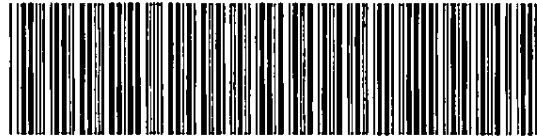
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700305179927

11/01/17--01023--001 \*\*157.50

2017 NOV - 1 AM 9:47

NOV - 6 2017  
C. HICKMAN

WMF  
RA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Water Mill Flowers, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P06000152131

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:

Thomas Dowd  
(Name of Person)

Water Mill Flowers, Inc.  
(Name of Firm/Company)

5400 NW 18<sup>th</sup> Ave. # 304  
(Address)

Fort Lauderdale, FL 33309  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Dowd at ( 954 ) 734-5710  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2011 NOV - 1 PM 5:40

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2017 NOV - 1 AM 9:49

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Thomas Dowd

(Name of Registered Agent)

hereby resigns as Registered Agent for Water Mill Flowers, Inc

(Name of Corporation)

PO6000152131

(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.

[Signature]

(Signature of Resigning Agent)

If signing on behalf of an entity:

Thomas Dowd

(Typed or Printed Name)

President

(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**