## P08000045715

(Requestor's Name)
(Address)
(Address)
(0): (0): 4 (7): (0):
(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



500185146335

09/10/10--01011--004 \*\*87.50



A A Resign News 9-13-10

## **COVER LETTER**

O: Amendment Section Division of Corporations
Division of Corporations
JBJECT: Water E.M.S., Inc.
(Name of Corporation)
OCUMENT NUMBER: P08000045715
ne enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
ease return all correspondence concerning this matter to the following:
George H. Knott, Esq.
(Name of Person)
Knott, Consoer, Ebelini, Hart & Swett, P.A.
(Name of Firm/Company)
625 Hendry Street, Suite 301
(Address)
Fort Myers, FL 33901
(City/State and Zip Code)
or further information concerning this matter, please call:
Seorge H. Knott, Esq. at ( 239 ) 334-2722
George H. Knott, Esq. at (239) 334-2722  (Name of Person) (Area Code & Daytime Telephone Number)
inclosed is a check made payable to the Florida Department of State for \$87.50 for an active co. \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 undersigned, George H. Knott, Esq.
(Name of Registered Agent)
hereby resigns as Registered Agent for Water E.M.S., Inc.
(Name of Corporation)
P08000045715
(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.
1 xill
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Typed of Fillined Paine)
(Capacity)
(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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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