P1600058781

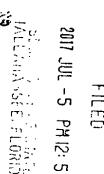
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100300663011

07/05/17--01011--017 +*35.00



C. GOLDEN JUL 11 2017

. TRANSMITTAL LETTER

SUBJECT: North Florida Water Solutions, Inc.
(Name of Corporation) DOCUMENT NUMBER: P16000058781
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Darell Land
(Name of Person)
(Name of Firm/Company)
2307 Crawfordville Hwy
(Address)
Crawfordville, FI 32327
(City/State and Zip Code)
For further information concerning this matter, please call:
Darell Land (Name of Person) at (850) 251-2469 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Robert A. Johnson	hereby resign as Secretary/director
*,	(Title)
of North Florida Water	
(Name	of Corporation)
P16000058781	_, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
	79 2017 17AL
_	
	-5 P
(S	ignature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314