(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:
J. HORNE NOV 1 5 2024
NOV 1 5 2024

Office Use Only



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2024 NOV 14 AH 11: 05 FILED

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Please bill the above referenced account for this order.

Sincerely,

If you have any questions please contact me at 656-7956,

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST_DATE 11/12/2024	PRIORITY	Routine	OUR REF # (Order ID#) Westley
ORDER ENTITY			
WATER INDUSTRY SUPPLY COMPANY	INC		
PLEASE PERFORM THE FOLLOWING SERVIOUS WATER INDUSTRY SUPPLY COMPANY INC	CES:		
Please file the attached resignation.			
NOTES:			· · · · · · · · · · · · · · · · · · ·
\$35.00 Authorized			
PETITION / CODIVIA POYNIC THICTOUR TOUR	<del></del>	· · · ·	•••
RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052	<del></del> <del>-</del>	<del></del>	manuscraft for the second second

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

### **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	WATER INDUSTRY SUPPLY COMPANY INC.
DOC	(Name of Corporation)  UMENT NUMBER: P19000094828
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
We	estley Look
	(Name of Person)
Inc	orporating Services, Ltd.  (Name of Firm/Company)
350	00 S DuPont Hughway
Do	ver, DE 19901 (City/State and Zip Code)
For fu	orther information concerning this matter, please call:
We	estley Look (Name of Person)  at (302) 531-0703 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  Florida Statutes, the undersigned, Incorporating Services, Ltd.
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Incorporating Services, Ltd.
(Name of Registered Agent)
hereby resigns as Registered Agent for WATER INDUSTRY SUPPLY COMPANY INC.
(Name of Corporation)
P19000094828
(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 of Resigning Agent)
If signing on behalf of an entity:
Amanda Archambault
(Typed or Printed Name)
Assistant Secretary
(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