

P2 00000037784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

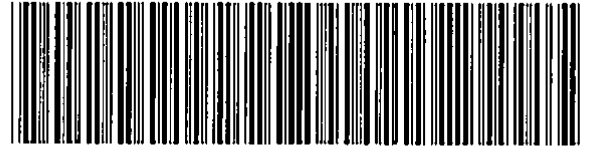
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 2 2024

Office Use Only



400427743524

04/16/24--01008--026 **87.50

FILED
2024 APR 16 PM 1:35
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NO-H2O USA INC

(Name of Corporation)

DOCUMENT NUMBER: P20000037784

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 M. Ciovacco, Esq.

(Name of Person)

The Law Office of Nicole M. Ciovacco, PLLC

(Name of Firm/Company)

1760 SW 30th Place

(Address)

Fort Lauderdale, Florida 33315

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole M. Ciovacco

(Name of Person)

at (954) 980-4121

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2024 APR 16 PM 1:35
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Nicole M. Ciovacco, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for NO-H2O USA INC

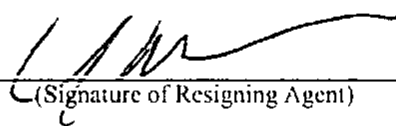
(Name of Corporation)

P20000037784

(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:

(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