## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000101688 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

## 2019 HAR

## DISSOLUTION OR WITHDRAWAL WATTS WATER QUALITY AND CONDITIONING PRODUCTS, INC.

Certificate of Status	0
Certified Copy	J
Page Count	02
Estimated Charge	\$43.75

File First Before H190001016973

Electronic Filing Menu

Corporate Filing Menu

C. GOLDEN

MAR 28 2019

FILED

2019 MAR 27 AM 11: 38

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAR OF HASSEE, FL. AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Watts Water Quality and Conditioning Products, Inc.	
(Name of Corporation	on)
F03000005922	
(Document Number of Corporati	on (if known)
Delaware	
(Incorporated Under La-	ws of)
This corporation is no longer transacting business or conductin voluntarily surrenders its authority to transact business or conducting the surrenders is a surrender to transact business or conducting the surrenders is a surrender to transact business or conducting the surrenders is a surrender to transact business or conducting the surrender to the surrender to transact business or conducting the surrender to transact business or c	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affairs	ocess based on a cause of action arising during
The following is a current mailing address for the corporation:	
SHANON DAHLSTROM, 815 CHESTNUT ST.	
(Mailing Address)	
NORTH ANDOVER, MA 01845	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
Surry mobines	3/26/2019
(Nignature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Sherry McGinnes	Authorized Person
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**