109000102297

(Re	questor's Name)	_		
•				
(Ad	dress)			
	dress)			
DAJ	ulessy			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Du	siness Entity Nar			
ша	Silless Entity War	ne,		
(Do	cument Number)			
Certified Copies	pies Certificates of Status			
Special Instructions to	Filing Officer:			
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2010 APR 22 AM M: 14.
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 23-2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: watchoutweb.com, LLC		
(Name of Limited	d Liability Company)	
The enclosed member, managing member or mfiling.	anager resignation and fo	ee(s) are submitted for
Please return all correspondence concerning th	is matter to:	
Manuel Ramos		
(Contact Person)		
		2016 SE TAL
(Firm/Company)		ARE A
2400 SW 27th Ave. #PH4		ZOIO APR 22 AM H: 1 SECRETARY OF STATE FALLAHASSEE, FLORIC
(Address)		English a C
Miami, FL. 33145		MH: IL
(City/State and Zip Code)	·	P +
For further information concerning this matter,	please call:	
Manuel Ramos	1(305) 975-84	83
(Name of Contact Person)	(Area Code & Daytime T	'elephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department o \$55 Filing Fe Certified (ee &
STREET/COURIER ADDRESS:		ADDRESS:
Registration Section Division of Corporations	Registration Division of	1 Section Corporations
Clifton Building	P.O. Box 63	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee	, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it apports of State is: watchoutweb.com, LLC	cears on the records of the	ne Flori	da Depa	artmen 	t
2. This limited liability company was organized under Florida	er the laws of:		SECRE TALL AF	2010 APR 22	-17
3. The Florida document/registration number of this L09000102297	limited liability company	y is:	TARY OF ST	R 22 AM H	
_{4. I.} Manuel Ramos	, hereby resign as a mer	nber &	ngana,	gi ng n	nember
(Print Name of Person Resigning)		(Print	Title)		
of this limited liability company and affirm the limitesignation in writing.	ited liability company ha	s been	notified	of my	,
Harnel Farmes.					
Signature of Resigning Member, Managing Member	er or Manager				

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)