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TO:

CR2E079 (2/14)

TO:	_	stration Section sion of Corporations				
SUBJ	ECT:	NEW DESIGNED PRODUC				
		(Name of Limited Liability Company)				
The e	nclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please	return	all correspondence concerning	this matter to:			
GRE	G BAF	RBER ·				
		(Contact Person)		_		
WAT	ERWI	SE, INC				
		(Firm/Company)		_		
РО В	OX 49	94000				
		(Address)		_		
LEES	BUR	G, FL 34749				
		(City/State and Zip Code)		_		
For fu	ırther i	nformation concerning this matte	er, please call:			
GRE	G BAF	RBER	352 _ at (787-5008		
-	(N	Name of Contact Person)		e & Daytime Telephone Number)		
	sed ple 5 Filing	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section		
Divisi	ion of (Corporations		Division of Corporations		
	n Buile Execut	ding tive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
		Florida 32301				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as i	t appears on the records of the Florida Department, LLC
2. The Florida doc		igned to this limited liability company is:
	ember/manager withdrew/resignalsessing BARBER Hame of Person Resigning)	
MANAGING		DA CONTRACTOR OF THE CONTRACTO
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	