

L13000128399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

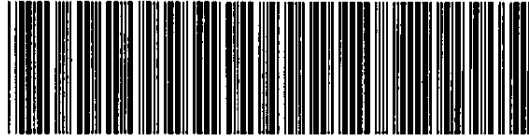
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300277538773

10/05/15--01010--009 **85.00

2015 OCT -5 P 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 08 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CTR WATCH CELLAR USA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000128399

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN-MARC TROILLARD
Name of Person

CTR WATCH CELLAR USA LLC
Name of Firm/Company

1204 SW 147th AVE
Address

PETTBROKE PINES, FL 33027
City/State and Zip Code

THE RIGHT TIME INC @ Gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN-MARC TROILLARD at (786) 327 1887
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,


JEAN-MARC TRDILLARD, hereby resigns as
Name of Registered Agent

Registered Agent for CTR WATCH CELLAR USA LLC
Name of Limited Liability Company

L13000128399
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

JEAN-MARC TRDILLARD
Typed or Printed Name
Registered Agent
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2015 OCT -5 P 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED