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Division of Corporations

Florida Department of State Division of Opporations Florida Department of State

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.

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Help

Jan. 7. 2016 3:34PM

No. 0065 P. 2/3

H16000005570 3

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: WATCHANISH, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000123996

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:

DENELL SPROWL

Name of Person

INCORPORATING SERVICES, LTD.

Name of Firm/Company

3500 SOUTH DUPONT HIGHWAY

Address

DOVER, DE 19901

City/State and Zip Code

ACCOUNTING@INCSERV.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENELL SPROWL at (302)531-0707

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

H16000005570 3

No. 0065 P. 3/3

H1600005570 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

INCORPORATING SERVICES, LTD.

, hereby resigns as

Name of Registered Agent

Registered Agent for WATCHANISH, LLC

Name of Limited Liability Company

L14000123996

Jan. 7.2016 3:34PM

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.

If signing on behalf of an entity:

AMY M. BALKE Typed or Printed Name ASSISTANT SECRETARY

Capacity

85.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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

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