Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Phone : (813)769-7692

' Fax Number

= (813)228-9401

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION WATERMARK DESIGN TECHNOLOGIES, INC.

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August 22, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WATERMARK DESIGN TECHNOLOGIES, IN 5520 ANDERSON RD. TAMPA, FL 33614

SUBJECT: WATERMARK DESIGN TECHNOLOGIES, INC.

REF: P07000002049

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Resignation form is for a Limited Liability Company. The form must comply with the Florida Profit Law "607".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H12000210627 Letter Number: 612A00021593

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12. AUG 23 AM 9: 50

DEPARTMENT OF STATES
WISSION OF CORPORATION OF THE PARTMENT OF

P.O BOX 6327 - Tallahassec, Florida 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provision	ns of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
	ersigned, Fowler White Boggs Banker P.A.	
Florida Statutes, the und	(Name of Registered Agent)	
	l	
hereby resigns as Regist		
	(Name of Corporation)	
P0700000204	1 9	
(Document Number	if known)	
•		
A copy of this resignation	n was mailed to the above listed corporation at its last known address.	
The agency is terminated this statement is filed.	and the office discontinued on the 31st day after the date on which	_
	r d . 1	T
	(Signature of Resigning Agent)	ð
If signing on behalf of a	n entity:	
	*	
Hur	ter J. Brownlee, Esq.	
	(Typed or Printed Name)	

Fee for filing this document:

Authorized Representative

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)