## P09000084355

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000263673260

87. ご 09/02/14--01005--022 \*\*3<del>5=3</del>0

14 SEP -2 PH 3: 57

RARES

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Watch This, IM. (Name of Corporation)  DOCUMENT NUMBER: P090000 84355
DOCUMENT NUMBER: P09 0000 84 3 5 5
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Chaves of Anustrac, PA (Name of Firm/Company)
9830 9w 77 AVE #125 (Address)
Mlani, Fi 33156 (City/State and Zip Code)
For further information concerning this matter, please call:
CRAT'S Assistancy at (305) 908-1120 At. 1002 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
	Chaves & Hawstron PA (Name of Registered Agent)	
hereby resigns as Registered Agent for _	Watch This Inc. (Name of Corporation)	
AU9000084355		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.	
this statement is filed.	e discontinued on the 31st day after the date on which	
If signing on behalf of an entity:		
Т)	MAVES of Armstrong, PH (Typed or Printed Name)  President (Capacity)	TIETO CINI

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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