P1200096396

(Re	questor's Name)	1
(Ad	dress)	
. (Ad	dress)	
(Cit	ty/State/Zip/Phon	ne #)
_	, waπ	MAIL
		<u> </u>
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer:		
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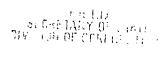
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JAN 17 2017 C LEWIS

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Wawascute Inc (Name of Corporation)
DOC	UMENT NUMBER: P12000096396
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
	Magalli D Gutierrez
-	(Name of Person)
	Wawascute Inc
	(Name of Firm/Company)
1	540 NE 191st ST. APT 245
	(Address)
	MIAMI, FL, 33179
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Ma	agalli D Gutierrez (Name of Person) at (786) 663-4281 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis P.O.	ing Address: Indment Section Sion of Corporations Box 6327 Ihassee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



2017 JAN 13 AM 8: 16

esign as (Title)	
a corporation organized under the laws of the State of	
_	
icer/director)	
4	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314