(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (	Officer:
	A. LUNT
	OCT -1 2012

**EXAMINER** 

Office Use Only



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09/28/12--01008--022 \*\*25.00

## **COVER LETTER**

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section			
Division of Corporations	i		
SUBJECT: Ocean Home, LLC			
(Name of Limited Liability	Company)		
The enclosed member, managing member or manager r filing.	resignation and fee(s) are submitted for		
Please return all correspondence concerning this matter	to:		
Cesar Gomez	<u> </u>		
(Contact Person)			
Sala & Gomez, P.A.	7212 8		
(Firm/Company)	A S		
260 Crandon Blvd. Unit 14	28 PI		
(Address)	PH & FLERING		
Key Biscayne, Florida 33149	和区		
(City/State and Zip Code)			
For further information concerning this matter, please of	call:		
Cesar Gomez at (_ 30			
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Flori	da Department of State for: \$55 Filing Fee &		
\$25 Filing Fee	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it a	ppears on the records of the Flor	ida Department	
2. This limited lial	oility company was organized un	der the laws of: 	第12 8書 28 [ALLAH 編8]	
3. The Florida doc L0200001	ument/registration number of this	s limited liability company is:	PN & WI T BY STATE EE.FLORIOA	
4. l, Fabia Nitti (Print Name of Person Resigning)		, hereby resign as a Manager/ Member (Print Title)		
resignation in w	bility company and affirm the liniting.  A part of the line of the		notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	oul	16 /2012	