

L13000098878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

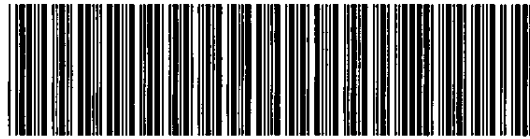
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 22 A 10:39

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FEB 23 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 918 OCEAN DRIVE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000098878

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:

MICHAEL I. BERNSTEIN
Name of Person

THE BERNSTEIN LAW FIRM
Name of Firm/Company

3050 BISCAYNE BOULEVARD, SUITE 403
Address

MIAMI, FL 33137
City/State and Zip Code

MICHAEL@BERNSTEIN-LAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL I. BERNSTEIN at (**305**) **672-9544**
Name of Person Area Code Daytime Telephone Number

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for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved, or withdrawn limited liability company.

SECRETARY OF STATE
TALLAHASSEE
2018 FEB 22 AM 9
FILED

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

THE BERNSTEIN LAW FIRM

, hereby resigns as

Name of Registered Agent

Registered Agent for **918 OCEAN DRIVE, LLC**

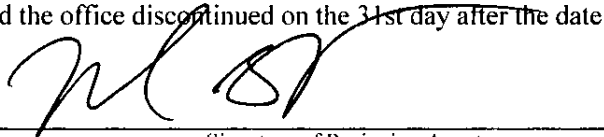
Name of Limited Liability Company

L13000098878

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.



Signature of Resigning Agent

If signing on behalf of an entity:

MICHAEL I. BERNSTEIN

Typed or Printed Name

PRESIDENT OF RESIGNING AGENT

Capacity

FILED
2016 FEB 22 A 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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