Rances Name	38	PILED PH 3: 59 SECRETARION SECRETARION FLORIDA
Address		E. F. S. T. S.
City/State/Zip Phone #		Sept 59
l .	•	Office Use Only
CORPORATION NAME(S) & DOCUME	NT NUMBER((if known):
· Oakmont Propertie	L N 29	
(Corporation Name)	(Document	#) 6000050798069 -03/11/0201018002 *****36.25 *****96.25
2. (Corporation Name)	(Document	#) PNE (
3. (Corporation Name)	(Documen	#)
Walk in Pick up time Mail out Will wait	(Document	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Change of	
OTHER FILINGS	REGISTRATI	ON/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Pa Reinstatem Trademark Other	
•		Examiner's Initials
CR2E031(7/97)		

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CORPORATION COMPANY OF MIAMI
(Name of registered agent)
hereby resigns as Registered Agent for OAKMONT PROPERTIES, N.V.
(Name of corporation)
A copy of this resignation was mailed to the above listed corporation 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.
Fills I also
Tung 1 - 1N
(Signature of resigning agent)
If signing on behalf of an entity:
Timothy J. Murphy
(Typed or Printed Name)
President

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved of

\$35.00 - Administratively dissolved corporation

(Capacity)

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