537909

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ac | ldress) | - |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | <i>϶#</i>) |
| <u></u> | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| · (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | |
|--|-------------|
| SUBJECT: Oceania Brokerage, Inc. (Name of Corporation) | |
| DOCUMENT NUMBER: 537909 | |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil | ing. |
| Please return all correspondence concerning this matter to the following: | |
| Staceyann Legao (Name of Person) | or the |
| (Name of Firm/Company) 1025 Yellow Birch Terr. (Address) | 13 PM 1: 30 |
| Hollywood FL 33019 (City/State and Zip Code) | ROA |
| For further information concerning this matter, please call: | |
| Staceyann Legro at (305) 527-4647 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15 | 509, |
|---|---------------------------------|
| Florida Statutes, the undersigned, <u>Staceyan</u> Legistered Agent) | 0 |
| hereby resigns as Registered Agent for Oceania Brokerag | e, Inc |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last know | n address. |
| The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent) | n which |
| If signing on behalf of an entity: | O4 AL |
| (Typed or Printed Name) | FILED UG 13 PM AHASSEE, T |
| (Capacity) | 4: 30 SIAIE LORD |

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withdrawn corporation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