A12875

(Requestor's Name)		
· ·		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



300078913903

04/25/07--01004--002 **87.50

08/21/06--01028--008 **35.00

FILED
07 APR 26 AM 12: 16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

s XXXX



August 22, 2006

W.A. DAVIS THE WILMINGTON GROUP 4660 N. OCEAN DRIVE LAUDERDALE BY THE SEA, FL 33308

SUBJECT: OCEAN EQUITIES, LTD.

Ref. Number: A12875

We have received your document for OCEAN EQUITIES, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$52.50.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 506A00051638

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Oceni Equities (Name of Limited Partnershi	in or Limited Liability Limited Partnershin)
DOCUMENT NUMBER: A 128	
The enclosed Resignation of Registered Age	nt and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
W. A. DAVIS	·
(Contact Person) THE WILMINGTON GROUP (Firm/Company)	•
	•
4660 N OCEAN DRIVE (Address)	
LAUDERDACE By The Sea FL (City, State and Zip Code)	<i>33308</i>
For further information concerning this matter	er, please call:
BILL DAVIS	at (954) 214-6158 (Area Code and Daytime Telephone Number)
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check made payable to the Flor	rida Department of State for:
ጃ \$87.50 Filing Fee □ \$140.00 (\$87	.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

INHS16 (01/06)

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.113	16, Florida Statutes, the undersigned,
NORMAN FREEDMAN	, hereby resigns as
(Name of Registered Ag	ent)
Registered Agent for Ocean Eq. (Name of Limited I	Partnership or Limited Liability Limited Partnership)
the Florida Department of State.	fter the date on which this statement is filed by of Registered Agent
If signing on behalf of an entity:	
· · · · · · · · · · · · · · · · · · ·	or Printed Name O7 APR 2 Capacity
Filing Fee: \$87.50 Certified Copy (optional): \$52.50	LED 26 MID: 16 RY OF STATE SEE FLORIDA