

Division of Corporations Electronic Filing Cover Sheet

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(((H100002406973)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

: (302)531-0855

Phone Fax Number

: (850)656-7953

**Enter the email address for this business entity to be used for futug annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT RESIGNATION OCEANIC AVIATION ENTERPRISES, INC.

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11/4/2010

TO: Amendment Section

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COVER LETTER

Division of Corporations	
SUBJECT: OCEANIC AVIATION ENTERPRISES, INC	•
(Name of Corporation	on)
DOCUMENT NUMBER: F02000003233	
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
TUNISHA SCOTT	
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
3500 S. DUPONT HIGHWAY	
(Address)	
DOVER, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TUNISHA SCOTT at (302)	531-0855
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED

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RESIGNATION OF REGISTERED AGENTECRETARY OF STATE FOR A CORPORATION TALLAHASSEE, FLORID!

•	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,ING	CORPORATING SERVICES, LTD.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	OCEANIC AVIATION ENTERPRISES, INC.
	(Name of Corporation)
F02000003233	
(Document Number, if known)	_
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	
Candice B. Swetta	Typed or Printed Name)
Assistant Secretar	y .
	(Capacity)

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
Tallabassee, FL 32314