

L00000014388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

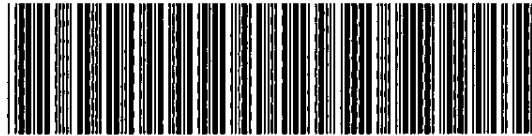
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300229354873

04/16/12--01016--012 **25.00

FILED
12 APR 16 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 17 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Beach Ocean Parcel Holdings, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L00000014388

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:

Joseph L. Rebak, Esq. and Brian P. Tague, Esq.
Name of Person

Tew Cardenas LLP
Name of Firm/Company

1441 Brickell Avenue, 15th Floor
Address

Miami, Florida 33131-4336
City/State and Zip Code

jlr@tewlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph L. Rebak, Esq. at (305) 539-2122
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

4:11:20
12 APR 16 AM 11:15
SECRET OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Brian P. Tague

Name of Registered Agent

, hereby resigns as

Registered Agent for South Beach Ocean Parcel Holdings, LLC

Name of Limited Liability Company

L00000014388

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:

Typed or Printed Name

Capacity

FILED
12 APR 16 AM 11:15
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