

LD1 000017468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

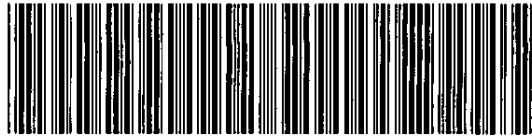
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/17/09--01016--005 **85.00

FILED
09 AUG 17 PM 5:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tewis
8-19-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OVERSEAS PROPERTIES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L01000017468

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:

STEPHEN A. BLASS
Name of Person

BLASS & FRANKEL, P.A.
Name of Firm/Company

ONE SOUTHEAST THIRD AVENUE, SUITE 2130
Address

MIAMI, FLORIDA 33131
City/State and Zip Code

SBLASS@BLASFRAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN A. BLASS at (305) 377-9353
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

COPROLITE CORPORATION

Name of Registered Agent

Registered Agent for OVERSEAS PROPERTIES LLC

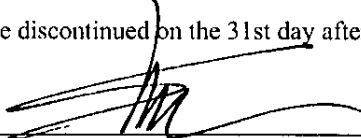
Name of Limited Liability Company

L01000017468

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:

STEPHEN A. BLASS

Typed or Printed Name

VICE PRESIDENT

Capacity

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

INHS17 (08/05)

FILED
09 AUG 17 PM 5:00
TALLAHASSEE, FLORIDA
DIVISION OF STATE