L030000aa138

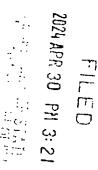
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<i>.</i>
MALTORNE
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04/30/24--01020--022 **85.00



COVER LETTER

SUBJECT: Name of Limited Liability (Company
DOCUMENT NUMBER: L03000022738	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
ROSA M PAYAN	
Name of Person	
OKEECHOBEE PETROLEUM LLC	
Name of Firm/Company	
P.O. BOX 9327	
Address	
CORAL SPINGS, FLORIDA 33075	
City/State and Zip Code	
RPAYAN@ROSASPLAZAS.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROSA PAYAN 954	2945454
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 605.0115, Florida Statutes, the	e undersigned,	Banko So Pit
LOUIS S CHOLNIK		, hereby resigns as	
	gistered Agent	,,,,,,,	
Registered Agent for OKEECHOBI	EE PETROLEUM LLC		
	Name of Limited Liability Company		
L03000022738			
Document Number, if know	wn		
A copy of this resignation was mai	iled to the above listed limited lia	ability company at its last	known address.
The agency is terminated and the o	office discontinued on the 31st da	ay after the date on which	this statement is filed.
If signing on behalf of an entity: ROSA R MANAG	Signature of Resigning YAN Typed or Printed Name ER MEMBER Capacity	Agent	

FILING FEES: \$ 85.00 Active \$ 25.00 Admin

Active limited liability company
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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

LOUIS S CHOLNIK			, hereby resigns	as ·
	Name of Registered	Agent	, nercoy resigns .	
Registered Agent for OK	ЕЕСНОВЕЕ РЕТ	ROLEUM LLC		
Registered Agent for				
	Name of	Limited Liability Comp	pany	
L03000022738				
Document Nu	mber, if known			
A copy of this resignation	n was mailed to	the above listed limi	ited liability company at its la	ast known address.
The agency is terminated	i and the office d	liscontinued on the 3	31st day after the date on whi	ich this statement is filed.
			igning Agent	

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