

LO30000 34800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

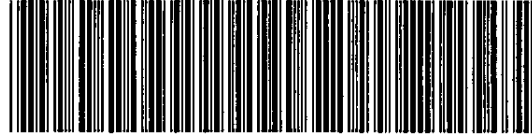
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
16 JUN 28 PM 12:04

JUL 29 2016

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEA OATS MANAGEMENT, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000034800

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:

MARGARET MUSZELIK

Name of Person

TRAC - THE REGISTERED AGENT COMPANY

Name of Firm/Company

715 SAINT PAUL STREET

Address

BALTIMORE, MD 21202

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET MUSZELIK

Name of Person

at (

410

Area Code

752-8030

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 28 PM 12: 04

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**TRAC - THE REGISTERED AGENT COMPANY**, hereby resigns as  
Name of Registered Agent

Registered Agent for **SEA OATS MANAGEMENT, LLC**

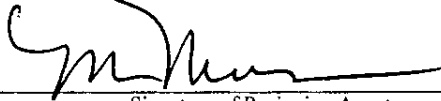
Name of Limited Liability Company

**L03000034800**

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:

**MARGARET MUSZELIK**

Typed or Printed Name

**ASSISTANT SECRETARY**

Capacity

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 28 PM 12: 04

**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