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(R	equestor's Name)	
(A	ddress)	
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- (C	ity/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2007

JENNIFER DIAZ OCEANUS DIGITAL 11328 N.W. 46 LANE MIAMI, FL 33178

SUBJECT: OCEANUS DIGITAL LLC

Ref. Number: L04000018361

We have received your document for OCEANUS DIGITAL LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 807A00057768

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DCCAWS DIGITAL LLC (Name of Corporation)
DOCUMENT NUMBER: LO 4 0000 1836
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Town Or Town
(Address)
MiAmi FL 33178 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 718-9191 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti	on 608.416(2) or 608	3.509, Florida Statutes	, the undersigned,	,		
Jenn'() e.	Dinz	, h	ereby resigns as			
(Name of	Registered Agent)	•				
Registered Agent for	Ocemnus	Digital	LL C.			
	(Name of Limited Liabi	lity Company)				
(Document Number, if known	36					
A copy of this resignation was ma	iled to the above liste	ed limited liability cor	npany at its last k	nown addres	SS.	
The agency is terminated and the	tenuler !	n the 31st day after the	e date on which th	TAI OF	3	
If signing on behalf of an entity:	(AHASSE	nct 12	ENGINE
	(Typed or Pr	inted Name)		<u>~</u>	P (
	(Capaci	ty)		ORIG	5.6	◯

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