L04000057575

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-U	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
eff	3/30/10					

Office Use Only



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03/30/16--01020--006 **55.00

SECKETARY OF STATE

MARRIE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Oceanic Investment LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tam Le
(Name of Person)
Tecport Optics
(Firm/Company)
6457 Hazeltine National Dr., Ste 140
(Address)
Orlando, FL 32822

For further information concerning this matter, please call:

Tam Le

(Name of Person)

(Area Code & Daytime Telephone Number)

(City/State and Zip Code)

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee and Certificate of Dissolution

■ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Oceanic Investment LLC							
2.	The Articles of Organization	on were filed on	ļ	_ and assigned				
	document number L040000	57575	-					
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.							
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).							
	No business transaction since registration							
5.	If there are no members, en	iter the name and address o	of the person appointed t	o wind up the compa				
	activities and affairs:	Tam-Van Le	· · · · · · · · · · · · · · · · · · ·					
		14269 Deljean Circle		L ORIO	4: 30			
		Orlando, FL 32828						
6. Iis	Signature of an authorized ted above to wind up the coi	person or if there are no m mpany's activities and affa	embers, the signature of irs:	the person appointed	l and			
	aus	\mathcal{V}_{-}	Tam-Van Le					
	✓ Signature		Printed	Name				

FILING FEE: \$25.00