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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: CASIS EQUITY EROUP ILC (Name of Limited Liability Company)
DOCUMENT NUMBER: LOSOCOO 8 7701
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:
Peter Alesi (Name of Person)
(Name of Person)
(Name of Firm/Company)
100 W. HIDDEN VALLEY BLVD. APT 570 (Address)
(Address)
EXA RATON, FL. 33487 (City/State and Zip Code)
For further information concerning this matter, please call:
Peter Alesi at (561) 445-0063 (Name of Person) at (561) 445-0063 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	ection 608.416(2	2) or 608.509,	Florida Statu	tes, the undersigned	1,	
PETER J. ALESI			_	, hereby resigns as		
(Name	of Registered Agen	it)			三三	7
Registered Agent for	OASIS	EQUITY	GROUP	LLC.	- 55.	o M
	(Name of Lim	ited Liability Con	трапу)	***	TO ST.	1
th LOSCOCO 87701 (Document Number, if k	nown)					
A copy of this resignation was	mailed to the ab	ove listed limi	ited liability o	company at its last l	cnown address.	
The agency is terminated and	he office discon	tinued on the 3	31st day after	the date on which	this statement is	filed.
_	Porter (Signal	urg of Resigning	Agent)		-	
If signing on behalf of an entit	y:					
	(Т)	ped or Printed Na	ame)			
		(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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