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P 2: 20 2006 MAR - 1 SECRETARY OF STATE (Requestor's Name) (Address) 600066170416 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 03/01/06--01025--024 **25.00 (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer:

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TO:

2006 MAR -1 P 2: 20

TO: Registration Section Division of Corporations	SECRETARY OF STATE TALLAHASSEE, FLORID
SUBJECT: Ocean Residences, LLC (Name of Lin	nited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	g Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the following:
Antonio Ramos	
(Name of Person)	
Ocean Residences, LLC	
(Firm/Company)	
4393 Magnolia Ridge Drive	
(Address)	
Weston, FL 33331	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Antonio Ramos	at (_305) 244-0056
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E079 (8/05)	Column Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

, Dana DiSanto	, hereby resign as CEO
	(Title)
of Ocean Residences, LLC	
	l Liability Company)
a limited liability company organized under	the laws of the State of Florida
and affirm that the limited liability company	has been notified in writing of the resignation.
Nana Uklanto	
(Signature of resigning mar	nager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314