

L06000106233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

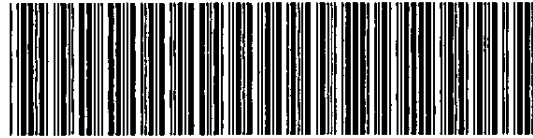
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 26 PM 1:41

MAR 27 2012

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OASIS 1419 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000106233

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:

JOSEPH F. CABANAS
Name of Person

CABANAS & ASSOCIATES, P.A.
Name of Firm/Company

10520 MW 26TH ST.
Address

DORAL, FL. 33172
City/State and Zip Code

MARIA@CABANASPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH F. CABANAS at (305) 513 3639
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CABANAS & ASSOCIATES, P. A.

Name of Registered Agent

, hereby resigns as

Registered Agent for OASIS 1419, LLC

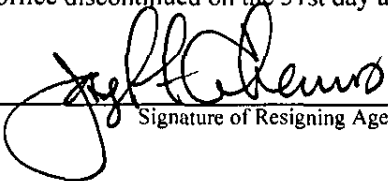
Name of Limited Liability Company

L06000106233

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:

CABANAS & ASSOCIATES, P.A.

Typed or Printed Name

PRESIDENT

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

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