

L07000021562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

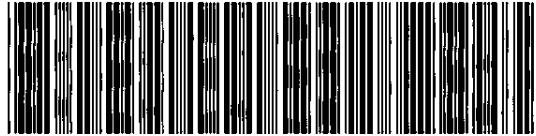
(Business Entity Name)

(Document Number)

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09 JUN -9 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR 26/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocean Aire Events, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000021562

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:

Harret W. Kaplan  
Name of Person

Harret W. Kaplan, P.A.  
Name of Firm/Company

326 71st Street  
Address

Miami Beach, FL 33141  
City/State and Zip Code

kaplan\_epe@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harret Kaplan at ( 305 ) 866-6266  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2009

JARRET KAPLAN  
326 71ST STREET  
MIAMI BCH, FL 33141

SUBJECT: OCEAN AIRE EVENTS, LLC  
Ref. Number: L07000021562

We have received your document for OCEAN AIRE EVENTS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The resignation must follow the 620 Fla. Statutes.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 109A00017938

## 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,

Harret W. Kaplan, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for Ocean Aire Events, LLC

\_\_\_\_\_  
Name of Limited Liability Company

~~LO7~~ LO7 0000 21562  
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.

Harret W. Kaplan  
Signature of Resigning Agent

If signing on behalf of an entity:

Harret W. Kaplan, PA  
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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TALLAHASSEE, FLORIDA