

L07000071895

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
699 OCEAN BLVD., LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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10 DEC -7 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

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EXAMINER

12/7/2010

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **699 OCEAN BLVD., LLC**

(Name of Limited Liability Company)

DOCUMENT NUMBER: **L07000071895**

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:

Stephanie Wright

(Name of Person)

Blumberg Excelsior Corporate Services, Inc.

(Name of Firm/Company)

62 White Street

(Address)

New York, NY 10013

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Wright

(Name of Person)

at (212) 431-5000 ext 552

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

FILED
10 DEC -7 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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,
BlumbergExcelsior Corporate Services, Inc., hereby resigns as

(Name of Registered Agent)

Registered Agent for **699 OCEAN BLVD., LLC**

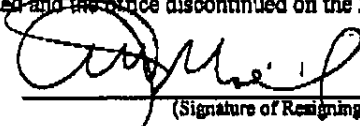
(Name of Limited Liability Company)

L07000071895

(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:

Marc D. Moel

(Typed or Printed Name)

Asst. Secretary

(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

FILED
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TALLAHASSEE, FLORIDA