

LO8000088443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

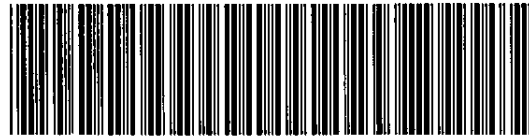
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 02 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMAC 1998-1 Ocean Shore, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000088443

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:

Cynthia Z. Jorgensen
Name of Person

Quarles & Brady LLP
Name of Firm/Company

411 E. Wisconsin Avenue, Suite 2040
Address

Milwaukee, WI 53202
City/State and Zip Code

cynthia.jorgensen@quarles.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Z. Jorgensen at (414) 277-5191
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,
Tampa-Lawdock, Inc.

_____, hereby resigns as
Name of Registered Agent

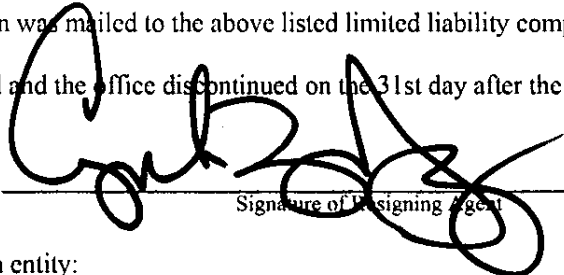
Registered Agent for EMAC 1998-1 Ocean Shore, LLC

Name of Limited Liability Company

L08000088443
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:

Cynthia Z. Jorgensen
Typed or Printed Name
Assistant Secretary
Capacity

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11 SEP - 1 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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