

L09000008094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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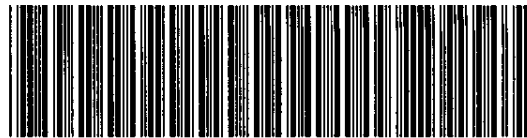
(Business Entity Name)

(Document Number)

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14 JAN 21 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 28 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCAL LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000008094

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:

**GILBERT A CONTRERAS**

Name of Person

**CONTRERAS JONASZ & CAMACHO PA**

Name of Firm/Company

**141 ALMERIA AVENUE**

Address

**CORAL GABLES, FLORIDA 33134**

City/State and Zip Code

**GC@CJCLAW.NET**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**GILBERT A CONTRERAS** at **(786) 594-0180**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED  
14 JAN 21 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**GILBERT A CONTRERAS, ESQUIRE**

, hereby resigns as

Name of Registered Agent

Registered Agent for **OCLA LLC, A FLORIDA LIMITED LIABILITY COMPANY**

Name of Limited Liability Company

**L09000008094**

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:

Typed or Printed Name

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