

LO9000 100600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

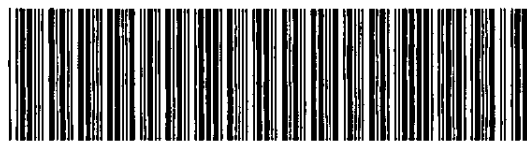
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY 13 10:07
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MAY 07 2013
D. BUTLER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RETA OCEAN DRIVE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000100600

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:

Refik Cevik

Name of Person

RETA Ocean Drive LLC

Name of Firm/Company

1236 Ocean Drive

Address

Miami Beach, Florida 33139

City/State and Zip Code

majole50@yahoo.com

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

For further information concerning this matter, please call:

Refik Cevik

Name of Person

at (305) 397-8544

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
13 MAY -6 PM :07

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,

Trujillo Vargas, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for **RETA OCEAN DRIVE LLC**

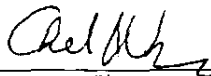
Name of Limited Liability Company

L09000100600

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:

Trujillo Vargas

Typed or Printed Name

Member

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