

L11000015505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OCEAN LIFERS L.L.C.**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**BLAKE THOMAS LAROCCA**

Name of Person

**OCEAN LIFERS L.L.C.**

Firm/Company

**1610 RIDGEWOOD STREET**

Address

**CLEARWATER, FL 33755**

City/State and Zip Code

**mailforblake@yahoo.com**

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

For further information concerning this matter, please call:

**BLAKE THOMAS LAROCCA**

Name of Person

at ( **727** )

**656-8720**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

# 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,

FREDDY D. HAMILTON

Name of Registered Agent

, hereby resigns as

Registered Agent for OCEAN LIFERS L.L.C.

Name of Limited Liability Company

L11000015505

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.

*Freddy D. Hamilton*

Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
12 MAY 14 PM 4:27  
STATE DEPT. 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withdrawn limited liability company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