112000010484

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
_		
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
	_	
Special Instructions to	Filing Officer:	
		

Office Use Only



100314167781

06/07/18--01023--001 **87.50



J. HARRIE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	JECT: Occas House LLC Name of Limited Liability Company
DOC	UMENT NUMBER: 2 12000010484
The e for fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are ling.
Please	e return all correspondence concerning this matter to the following:
	JOHN B ROGERS Name of Person
	JOHN B ROGERS PA Name of Firm/Company
<u></u>	2502 NW 832DWAY
	ConAl Society State and Zip Code
E	JBROGERS PA O YAHAN. COM E-mail address: (to be used for future annual report notification)
For fi	arther information concerning this matter, please call:
	JOHNB ROGAS at (954) 235 6574 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

submitted



June 8, 2018

JOHN B ROGERS JOHN B ROGERS PA 2502 NW 83RD WAY CORAL SRINGS, FL 33065

SUBJECT: OCEAN HOUSE LLC Ref. Number: L12000010484

We have received your document for OCEAN HOUSE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 818A00012023

Ų,

www.sunbiz.org

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Name of Registered Agent Registered Agent for OCEAN HOUSE LLC Name of Limited Liability Company L/2000/04/84 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 Registered Agent Typed or Printed Name OWWER Capacity FILING FEES:
Registered Agent for OCEAN HOUSE LLC Name of Limited Liability Company LlOCOOLD H8H Document Number, it 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 Besigning Agent If signing on behalf of an entity: OND Capacity Capacity
Name of Limited Liability Company L / DOS 10 + 8 + 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 Bosigning Agent Typed or Printed Name Owner Capacity
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 Rosigning Agent If signing on behalf of an entity: JOHN B. G.G. JA Typed or Printed Name OWNER Capacity
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 Bosigning Agent If signing on behalf of an entity: OHN Backs A Typed or Printed Name ONNOR
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 Besigning Agent If signing on behalf of an entity: OHN Backs A Typed or Printed Name ONNOR
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: OHN B Cocks Printed Name
Signature of Resigning Agent If signing on behalf of an entity: SHNB Rogers Printed Name
Typed or Printed Name ONNOR Capacity
Capacity
FILING FFFS:
\$ 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