

213000098878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

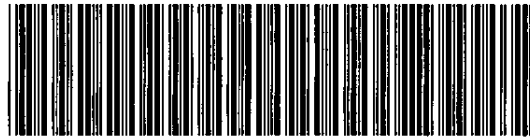
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 23 2016  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 918 OCEAN DRIVE, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000098878

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:

**MICHAEL I. BERNSTEIN**

Name of Person

**THE BERNSTEIN LAW FIRM**

Name of Firm/Company

**3050 BISCAYNE BOULEVARD, SUITE 403**

Address

**MIAMI, FL 33137**

City/State and Zip Code

**MICHAEL@BERNSTEIN-LAWFIRM.COM**

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

For further information concerning this matter, please call:

**MICHAEL I. BERNSTEIN**

Name of Person

at ( 305 )

Area Code

672-9544

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for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved, or withdrawn limited liability company.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

FILED  
2016 FEB 22 AM 9  
TALLAHASSEE  
SECRETARY OF STATE

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**THE BERNSTEIN LAW FIRM**

, hereby resigns as

Name of Registered Agent

Registered Agent for **918 OCEAN DRIVE, LLC**

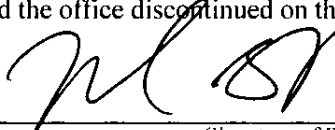
Name of Limited Liability Company

**L13000098878**

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:

**MICHAEL I. BERNSTEIN**

Typed or Printed Name

**PRESIDENT OF RESIGNING AGENT**

Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILED**  
2016 FEB 22 A 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**