

L13000174016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

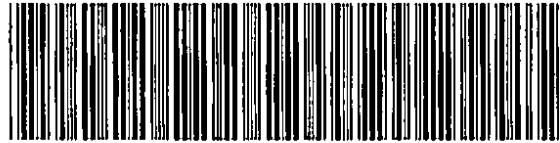
(Business Entity Name)

(Document Number)

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D SCOTT
SEP 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MD OCEANSIDE, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L13000174016

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 A. DiAntonio, Sr.

Name of Person
MD OCEANSIDE, LLC
Name of Firm/Company
17 Cache Cay Drive
Address
Vero Beach, Florida 32963
City/State and Zip Code
alice@pmtmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Fox 609 729-8562
Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
17-5 MAR 11:22
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Stephen Spira, Esquire

_____, hereby resigns as

Name of Registered Agent

MD OCEANSIDE, LLC

Registered Agent for _____

Name of Limited Liability Company

L13000174016

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:

Stephen E. Spira, Esq.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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P.O. Box 6327
Tallahassee, FL 32314

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17 SEP -5 PM 11:22
TALLAHASSEE, FLORIDA

MD OCEANSIDE, LLC

c/o 8501 Atlantic Ave • Wildwood Crest, NJ 08260
Phone: (609) 729-8562 • Fax: (609) 729-2510

August 29, 2017

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

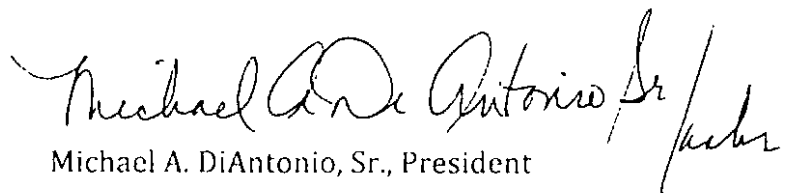
RE: MD Oceanside, LLC
Document No. L13000174016

Dear Sir/Madam:

Enclosed please find original (and copy) of an executed Resignation of Registered Agent pertaining to the referenced matter. Also enclosed please find our check in the amount of \$87.50 for processing fee. Please process the enclosed and return a filed copy to me in the envelope provided.

If you have any questions, feel free to contact my Administrative Assistant Elizabeth Fox, or me.

Sincerely,


Michael A. DiAntonio, Sr., President

MAD/aabs
Enclosures

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17 SEP -5 AM 11:22
STATE OF FLORIDA
TALLAHASSEE