# L13000174016

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### **COVER LETTER**

TO: Registration Section Division of Corporations

MD OCEANSIDE, LLC SUBJECT:			
Name of L1300017401 DOCUMENT NUMBER:	f Limited Liabili 6	ity Company	_ <del></del>
The enclosed Resignation of Registered Ag for filing.	ent for a Limit	ed Liability Company and	fee are submitted
Please return all correspondence concerning	g this matter to	the following:	
Michael A. DiAntonio, Sr.			
Name of Person	<del></del>	_	
MD OCEANSIDE, LLC			
Name of Firm/Company		_	
17 Cache Cay Drive			
Address		<del></del>	
Vero Beach, Florida 32963			
City/State and Zip Code		<del>_</del>	
alice@pmtmanagement.com			
E-mail address: (to be used for future annual re	eport notification)	<del>-</del>	
For further information concerning this mat	ner, please call	;	
Elizabeth Fox	609	729-8562	
Name of Person	Area Cod	le Daytime Telephone Nur	_
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administ liability company.	orida Departme ratively dissolv	ent of State for \$85.00 for ved, voluntarily dissolved	or withdrawn timited
MAILING ADDRESS:	STRI	EET ADDRESS:	M H 22
Registration Section		tration Section	
Division of Corporations		ion of Corporations	22
P.O. Box 6327		n Building	
Tallahassee, FL 32314		Executive Center Circle hassee, FL 32301	

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

Pursuant to the provision	s of section 605.011	5, Florida Statutes, the unde	rsigned,		
Stephen Spira, Esqu	uire		, hereby resigns as		
	Name of Registered Age		, hereby resigns as		
	OCEANSIDE,		<u> </u>	<del></del>	
	Name of Lin	nited Liability Company		<del></del>	
	raine or on	med blacking company			
L13000174016					
Document Nur	nber, if known	<del>_</del>			
A copy of this resignation	n was mailed to the:	above listed limited liability	company at its last kn-	own address.	
_		•	, -		
The agency is terminated	and the office disco	ontinued on the 31st day afte	r the date on which thi	s statement is filed.	
	<del>/</del>	25/4			
	i	Signature of Resigning Agent			
If signing on behalf of an	entity:				
	Ste	ephen E. Spira	, Esq.		
	7	yped or Printed Name		_ <u>&gt;</u> 55	
					τ1
		Capacity			=
				2.00	ī
	FILING	FFFC.			
	FILING \$ 85.00	Active limited liability co	этрапу		
	\$ 25.00	Administratively dissolve withdrawn limited liability	ed/ voluntarily dissolv ity company	/ed/ 22	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### **COVER LETTER**

TO: Registration Section Division of Corporations

Name of Person	Area Code	Daytime Telephone Number	: 22 ((()):
Elizabeth Fox	609 at (	729-8562	
For further information concerning this matter	, please call:		The of the
E-mail address: (to be used for future annual report	rt notification)		学。マー
alice@pmtmanagement.com			部 省 四
City/State and Zip Code			±40 €
Vero Beach, Florida 32963			
Address	<del> </del>	•	
17 Cache Cay Drive			
Name of Firm/Company	<del></del>		
MD OCEANSIDE, LLC			
Name of Person	· <u> </u>		
Michael A. DiAntonio, Sr.			
Please return all correspondence concerning th	is matter to th	e following:	
The enclosed Resignation of Registered Agent for filing.	t for a Limited	Liability Company and fee	are submitted
DOCUMENT NUMBER: L13000174016	<del></del>		_
Name of Li	mited Liability	Company	
MD OCEANSIDE, LLC SUBJECT:			

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

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

Pursuant to the provision	s of section 605.01	15, Florida Statutes, the	undersigned,	
Stephen Spira, Esqu	uire		hanahar ayat	
	Name of Registered Ag	rent	, hereby resign:	s as
	OCEANSIDE,			<del></del>
	Name of Li	mited Liability Company		
L13000174016				
Document Nurr	ber, if known	<del></del>		
A copy of this resignation	was mailed to the	above listed limited liab	oility company at its	last known address.
The agency is terminated	and the office disc	ontinued on the 31st day	after the date on wh	nich this statement is filed.
_	/1	25/4		
	1	Signature of Resigning A	gent	
lf signing on behalf of an	entity:			
	Sta	ephen E.Spii	RA, ESq.	
-		Typed or Printed Name		<b>二</b> 二
-		Capacity		SA TI
				一点.
	PH INC	PERC.		
	FILING \$ 85.00 \$ 25.00	Active limited liabili Administratively dis- withdrawn limited li	ity company solved/ voluntarily d iability company	dissolved/ 22

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### 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