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1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

OCEAN CONDO RENTALS LLC

PLEASE RETURN A STAMPED COPY

CK# 8364 OR: \$85.00 (\$25.00 for this filing)

THANK YOU!

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 605.0115, Florida Statutes, the u	
ATRIUM REGISTERED AGENTS, INC. Name of Registered Agent		, hereby resigns as
		至 〇
	Name of Limited Liability Company	
L14000072353		
Document	Number, if known	
.,	ation was mailed to the above listed limited liabilities and the office discontinued on the 31st day Signature of Resigning Age	after the date on which this statement is filed.
If signing on behalf o	f an entity:	
	RALPH A. NARDI	
	Typed or Printed Name	
	VICE PRESIDENT, DIRECTOR	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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