

L14000/63380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

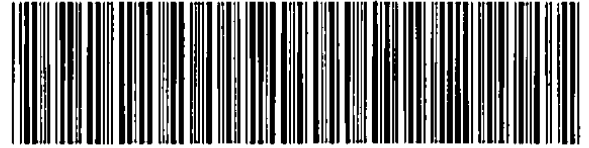
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700332765547

08/14/19--01017--001 **25.00

SECRETARY OF STATE
MAIL SERVICES DIVISION

19 AUG 14 AM 9:14

FILED

AUG 26 11
T SCHROEDER

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

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

Patricia Lebow, P.A.

_____ hereby resigns as

Name of Registered Agent

Registered Agent for 1230 N. OCEAN LLC

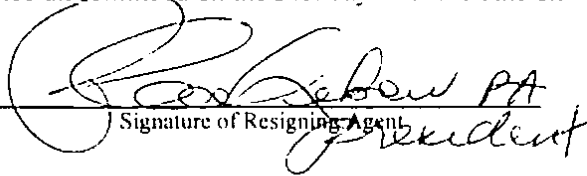
Name of Limited Liability Company

L14000163380

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:

Patricia Lebow, P.A.

Typed or Printed Name

President

Capacity

FILED
19 AUG 14 AM 9:14
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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**