L14000167540

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Beach Oasis, LLC Name of Limited Liability | , Company |
| DOCUMENT NUMBER: L14000167540 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to the | ne following: |
| United States Corporation Agents, Inc. | |
| Name of Person | - |
| Legalzoom.com, Inc. | |
| Name of Firm/Company | - |
| 9900 Spectrum Dr. | |
| Address | |
| Austin, TX 78717 | |
| City/State and Zip Code | |
| raresignations@legalzoom.com | |
| E-mail address: (to be used for future annual report notification) | - |
| For further information concerning this matter, please call: | |
| 800 | 773-0888 |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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 provis | ions of section 605.0115, Florida Statutes, the undersi | gned. | |
|--|---|--|----|
| United States Corporation Agents, Inc. Name of Registered Agent | | nereby resigns as | |
| | | | |
| Registered Agent for | Beach Oasis, LLC | | |
| | Name of Limited Liability Company | | |
| L14000167540 | | | |
| Document | Number, if known | | |
| A copy of this resigna | ation was mailed to the above listed limited liability co | ompany at its last known address. | |
| The agency is termina | ated and the office discontinued on the 31st day after t | he date on which this statement is filed | ١. |
| If signing on behalf o | Signature of Resigning Agent | 2623 OCT 3 I | |
| it signing on ochair o | • | — | |
| | Cheyenne Moseley | | |
| | Typed or Printed Name | | |
| | Asst. Secretary for United States Corporation Ager | nts, Inc. | |
| | Canacity | <u></u> | |

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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