

L150000036023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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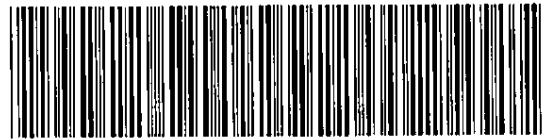
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 928 OCEAN DRIVE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000036023

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:

Amanda Archambault

Name of Person

COGENCY GLOBAL INC.

Name of Firm/Company

850 New Burton Rd Suite 200

Address

Dover, DE 19904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Archambault at (866) 621-3524 ext. 3041

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

COGENCY GLOBAL INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for 928 OCEAN DRIVE LLC

Name of Limited Liability Company

L15000036023

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.

A Archambault
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

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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TALLAHASSEE, FL