## L15000049885

(Re	questor's Name)				
(Ad	dress)				
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(· ·-	u. 020,				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
(50	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
ASSEE, FLORID

K.SALY EXAMINER EP 20



September 6, 2016

PLATINUM FILINGS LLC STEVEN FRIEDMAN 3023 AVE. J BROOKLYN, NY 11210

SUBJECT: O.Z REAL ESTATE LLC

Ref. Number: L15000049885

We have received your document for O.Z REAL ESTATE LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 316A00018722

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: O.Z REAL ESTATE LLC  Name of Limited			
	Liability Company		
DOCUMENT NUMBER: L15000049885			
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted		
Please return all correspondence concerning this ma	tter to the following:		
Steven Friedman			
Name of Person			
Platinum Filings LLC			
Name of Firm/Company			
3023 Avenue J			
Address			
Brooklyn, NY 11210			
City/State and Zip Code	· <del></del>		
agent@platinumfilings.com			
E-mail address: (to be used for future annual report notifi	cation) -		
For further information concerning this matter, pleas	se call:		
Steven Friedman 71	8 \ 705-9886		
Name of Person Ar	8 ) 705-9886 ea Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively cliability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

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

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Pursuant to the provisions of	section 605.011	5, Florida Statutes, the unc	dersigned,	I SEP
Platinum Agent Service	es LLC		, hereby resigns as	19
Nan	ne of Registered Ager	ent	_,	SS 2 5
Registered Agent for O.Z F	REAL ESTATE	E LLC		所名 建 7
Registered Agent for				- 50 S
	Name of Lim	nited Liability Company		<u> </u>
L15000049885				
Document Number	r, if known			
A copy of this resignation w	as mailed to the a	above listed limited liabilit	ry company at its last	known address.
The agency is terminated an	d the office disco	Signature of Resigning Agen		this statement is filed.
lf signing on behalf of an en	tity:	•		
St	even Friedma	In - Patinum Typed or Printed Name	Agent Se	nvices LLC
Pr	resident			
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissolution withdrawn limited liab	company lved/ voluntarily disso ility company	olved/

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