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To: Division of Corporations Fax Number : (850)617-6383 Amam Sarz Frem: Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LUP Account Number : I20070000136 Phone : (786)594-4102 Fax Number : (786)664-3375 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* asanz aaphraficom

## LLC REGISTERED AGENT RESIGNATION OCEAN COMMODORE HILLC

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

Pursuant to the provisions of section 605	5.0115, Florida Statutes, the unc	dersigned,		18	
Interamerican Corporate Service	es LLC	, hereby resigns as			
Name of Registere		, nereoy resigns as		SOV	
Registered Agent for OCEAN COMM	MODORE III LLC		1	ω 	
			<u> </u>	<u>_</u>	
Name	of Limited Liability Company			=	
L15000078046			() n	· <u>-</u>	
Document Number, if known	<del></del>				
A copy of this resignation was mailed to	the above listed limited liability	ly company at its last k	nown addi	ess.	
The agency is terminated and the office	discontinued on the 31st day at	ter the date on which t	his stateme	ent is fil	leđ.
	Signature of Resigning Agen	<del></del>			
If signing on behalf of an entity:	·				
	Asnardo Garro	•			
	Typed or Printed Name	·			
	Manager				
	Сарасіту				

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withdrawn limited liability company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, Ft. 32314