# L15000 110897

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### **COVER LETTER**

Division of Corporations
SUBJECT: Ocies Bike 12 C.  Name of Limited Liability Company
DOCUMENT NUMBER: 415000110897
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:
Name of Person
Ocesso Bike LLC Name of Firm/Company
4300 NW 1/4 DUC  Address
Sounse F/ 3337.3 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 865-1434  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 sect	tion 605.0115, Florida Statutes, the undersigned,	
John Robe	ORT CORSON, hereby resign	s as
Name of I	Registered Agent	
Registered Agent for	EASURER	
Ocean b	ike the.	
	Name of Limited Liability Company	
L 15000 118	1897 nown	
A copy of this resignation was m	nailed to the above listed limited liability company at its	last known address.
The agency is terminated and the	e office discontinued on the 31st day after the date on w	hich this statement is filed
	Signature of Resigning Agent	JUN 27 P.
If signing on behalf of an entity:	GINA BOIN Sa	PHIZILL
19 P.	Typed or Printed Name  1BP - PRESS OUT  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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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