

L16000171422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

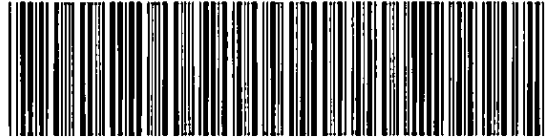
(Business Entity Name)

(Document Number)

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2021 JUN 14 AM 4:32  
TALLAHASSEE, FLORIDA

BENJAMIN ARTHUR PASSANTINO  
1625 SE 10<sup>TH</sup> AVENUE, SUITE 903  
FORT LAUDERDALE, FLORIDA 33316

June 9, 2021

State of Florida  
Registration Section  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: BLUE OCEAN SPA LLC, doc# L-16000171422

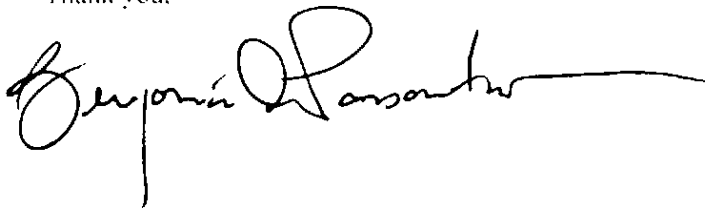
To Whom It May Concern:

Enclosed in this envelop are the following:

1. ***Statement of Resignation of Registered Agent for a Limited Liability Company:*** Requesting removal of me as the registered agent for said company.
2. ***Cover Letter:*** Requesting that all correspondences regarding the above request is mailed to me.
3. ***Fee Payment: Check in the amount of \$85 to cover fee for an active LLC.***
4. ***2021 Florida LLC Annual Report:*** Requesting that my name and address is removed from all State file and databases for BLUE OCEAN SPA LLC, doc# L-16000171422

If there are any questions regarding these requests, please contact me at (704) 819-0700.

Thank you.

A handwritten signature in black ink, reading "Benjamin Passantino". The signature is fluid and cursive, with a long horizontal line extending from the end.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE OCEAN SPA LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 16000171422

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:

BENJAMIN PASSANTINO  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

1625 SE 10TH AVENUE, Ste 903  
Address

FORT LAUDERDALE FL 33316  
City/State and Zip Code

[Signature]  
E-mail address: (to be used for future annual report notification)  
For further information concerning this matter, please call:

BENJAMIN PASSANTINO at (704) 819-0700  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

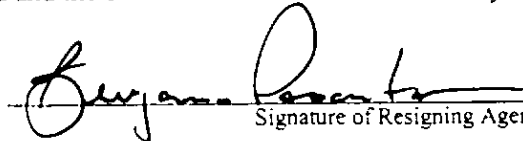
BENJAMIN PASSANTINO, hereby resigns as  
Name of Registered Agent

Registered Agent for BLUE OCEAN SPA LLC  
Name of Limited Liability Company

L 16000171422  
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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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## **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