Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1122000349546 3)))



H220003495463ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_documents@incorp.com

## LLC REGISTERED AGENT RESIGNATION OCEANS FOR US, LIMITED LIABILITY COMPANY

Certificate of Status	U
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

OCT 10 2022

<del>la Colo</del>non

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section Division of Corporations

TO:

## **COVER LETTER**

(((H22000349546 3)))

OCEANS FOR US, LIMITED LIABILITY COMP				
Name of Limited Liability	Company	_		
DOCUMENT NUMBER: L16000197805		_		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee a	re subm	itted	
Please return all correspondence concerning this matter to th	c following:			
Karen Gibson				
Name of Person				
InCorp Services, Inc.				
Name of Firm/Company				
3773 Howard Hughes Pkwy Ste. 500s		·:,	2	
Address			<b>)</b> 20	
Las Vegas, NV 89169			2022 OCT 12	
City/State and Zip Code		7, 7,		<u> </u>
documents@incorp.com		1.5t	AM II: 14	
E-mail address: (to be used for future annual report notification)		<u> </u>	<del></del>	
For further information concerning this matter, please call:		4	<b>4</b> "	
Karen Gibson for InCorp Services, Inc. 702	866-2500	_		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(((H22000349546 3)))

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

Pursuant to the provisions of section 605.0115, Florid	a Statutes, the undersigned,
InCorp Services, Inc.	, hereby resigns as
Name of Registered Agent	· · · · · · · · · · · · · · · · · · ·
Registered Agent for	
OCEANS FOR US, LIMITED LIABILITY COMP	ANY
Name of Limited Liabi	lity Company
L16000197805	
Document Number, if known	
A copy of this resignation was mailed to the above lis	ted 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.
Raien Se	Z-
	re of Resigning Agent
If signing on behalf of an entity:	
Karen Gibson for InCorp	Services, Inc.
Lyped or Pr	rinted Name
Authorized Representativ	re
Сарас	
FILING FEES:	
\$ 25.00 Admir	e limited liability company nistratively dissolved/ voluntarily dissolved/ Irawn limited liability company

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

(((H22000349546 3)))