

L17000055939

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617 6383

From: Account Name : INCORE SERVICES INC
Account Number : 1201200000007
Phone : (702) 866 2500
Fax Number : (702) 866-2589

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

Email Address: wendy.hefley@incorp.com

2020 SEP 2 P 1:28

FILED

LLC REGISTERED AGENT RESIGNATION
OCAMPO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2020 SEP -2 PM 12:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCAMPO LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000055939

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:

Wendy Hefley
Name of Person

Incorp Services, Inc.
Name of Firm/Company

3773 Howard Hughes Parkway, Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

processing@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Incorp Services, Inc./Wendy Hefley at (702) 866-2500 ext 6904
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Incorp Services, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for OCAMPO LLC

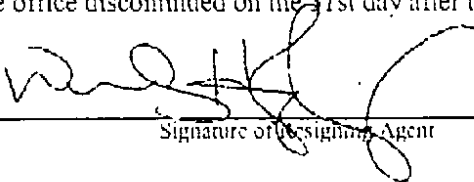
Name of Limited Liability Company

L17000055939

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:

Wendy Hefley for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

2020 SEP -2 P 1:28
FILED

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