

L19000201358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

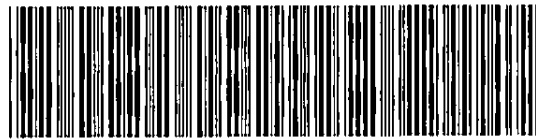
(Document Number)

Certified Copies _____

Certificates of Status _____

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09/05/19--01005--012 **25.00

FILED
19 SEP -6 AM 10:07
CLERK OF COURT
JANUARY 1, 2019

O SIMMONS

SEP 06 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OCEAN FAMILY ENTERPRISES LLC

Signature _____

Requested by: Seth

09/05/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

☒ Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

2018 SEP - 5 AM 11:54

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Family Enterprises LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000201358

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:

Maria L Guevara Escandell
Name of Person

Ocean Family Enterprises LLC
Name of Firm/Company

1805 NW 34th St
Address

Miami, FL 33142
City/State and Zip Code

mg724@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria L Guevara Escandell (786) 277-0328
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

FILED
19
P-6 AM 10:07

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Ocean Family Enterprises LLC
2. The Florida document/registration number assigned to this limited liability company is: L19000201358
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/4/19
4. I, Alexis Guevara, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMB
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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