# L21000481918

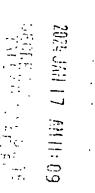
(Requestor's Name)			
,			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Energy Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





700422026587

91/17/24 --- 17(1--5,2 \*\* PR. PT



### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Ocean V 305 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000481918

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:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

Address

Austin, TX 78717

City/State and Zip Code

raresignations@legalzoom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (800 773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the u	ndersigned,	
United States Corporation Agents, Inc.  Name of Registered Agent		_ , hereby resigns as	
	Name of Limited Liability Company	<del></del> ·	
L21000481918			
Document N	fumber, it known		
	ion was mailed to the above listed limited liabiled and the office discontinued on the 31st day a		
	Signature of Resigning Age	M. 11: 09	
If signing on behalf of a	an entity:	109 109	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	Agents, Inc.	
	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