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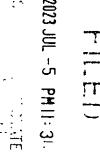
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ocean Port LC (Name of Foreign Umited Liability Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nisa Morgan (Name of Person) Ocean Pond, Luc (Firm/Company)	
P.D. Box 10H Brooksville Jh 34605 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Lisa Morgan at (352) 585-073 (Area Code & Daytime Telephone Number	<u>/O</u>
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahaTallahassee, FL 323142415 N. Monroe StreetTallahassee, FL 3230.	ssee et, Suite 810
Enclosed is a check for the following amount:	
□\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status Certified Copy	&

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ocean Pond LLC (Name of limited liability company)	_
(Agrisdiction of its organization)	_
(Date registered with Florida Department of State)	_
M 1100000 1899 (Florida Document Number)	-
Effective Date, if other than the date of filing:	
(Typed or printed name of signee) Signature of authorized representative) (Typed or printed name of signee)	

Filing Fee: \$25.00