

M20000001926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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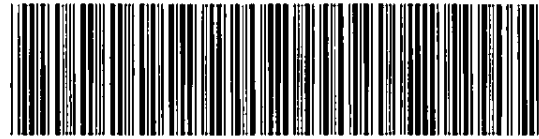
(Business Entity Name)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCEAN OAKS HAT LAP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M20000001926

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:

Rebekka Eiben

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

reiben@myparacorp.com

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

For further information concerning this matter, please call:

Rebekka Eiben at (800) 533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**PARACORP INCORPORATED**

, hereby resigns as

Name of Registered Agent

Registered Agent for **OCEAN OAKS HAT LAP, LLC**

Name of Limited Liability Company

**M20000001926**

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:

**Abigale Peterson**

Typed or Printed Name

**Asst. Secretary for Paracorp Incorporated**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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