# P140000111273

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: OCEANVIEW FLORIDA PROPERTIES CORP.

(Name of Corporation)

**DOCUMENT NUMBER:** P14000016273

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### RICHARD BRUNTON, CPA

(Name of Person)

#### BRUNTON REGISTERED AGENTS INC.

(Name of Firm/Company)

4710 NW BOCA RATON BLVD., #101

(Address)

**BOCA RATON, FL 33431** 

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD BRUNTON

,,,561 \241-999*1* 

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,   |  |  |
|---|--|--|
| Florida Statutes, the undersigned, BRUNTON REGISTERED AGENTS INC.   |  |  |
| (Name of Registered Agent)  |  |  |
| hereby resigns as Registered Agent for OCEANVIEW FLORIDA PROPERTIES CORP.  (Name of Corporation)  |  |  |
|   |  |  |
| (Document Number, if known)   |  |  |
|   |  |  |
| A copy of this resignation was mailed to the above listed corporation 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:  |  |  |
|   |  |  |
| RICHARD BRUNTON   |  |  |
| (Typed or Printed Name)   |  |  |
|   |  |  |
| PRESIDENT   |  |  |
| (Capacity)  |  |  |
| , <b>, ,</b> , , , , , , , , , , , , , , , ,  |  |  |

#### Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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