P20000 90939

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to J. H	Filing Officer: ORNE - 3 2022	
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FLORIDA DEPARTMENT OF STATE ECRETARY OF STATE Division of Corporations TALLAHASSEE, FL

February 2, 2022

CAROLINE HAYNES 1205 12TH CT JUPITER, FL 33477 US

SUBJECT: OCEANIC PHOTOGRAPHY INC.

Ref. Number: P20000090939

We have received your document and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 622A00002686

COVER LETTER

ΓO: Amendment Section Division of Corporations
SUBJECT: Oceanic Photography Inc.
DOCUMENT NUMBER: P2000009939
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filir
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
(Name of Firm/Company)
1205 12th Ct. (Address)
JUPITER FL 33477 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Capoline Haynes at (816) 582-7787 (Name of Rerson) at (Area Code & Daytime Telephone Number)
(Name of Rerson) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

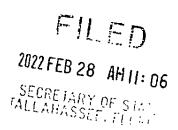
Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Cardine Haynes (Name of Registered Agent)
hereby resigns as Registered Agent for CClanic Photography Inc
P2000090939 (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.
Cordine Haynes
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

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