

Requester's Name  
Address  
City/State/Zip Phone #

P98000059125

CORPORATION



1. \_\_\_\_\_ (Cor)
2. \_\_\_\_\_ (Cor)
3. \_\_\_\_\_ (Cor)
4. \_\_\_\_\_ (Cor)

- ☐ Walk in  
☐ Mail out

150 S. Pine Island Road ■ 5th Floor  
Plantation, Florida 33324

Office Use Only

BER(S), (if known):

Document #

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01 APR -6 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

- ☐ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

200003943662--9  
-04/02/01--01118--015  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Examiner's Initials

P98000059125  
RA Per 4-6-01  
288

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, James G. Papagno  
(Name of registered agent)

hereby resigns as Registered Agent for Ocean Capital Mortgage, Inc.  
(Name of corporation)

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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]  
(Signature of resigning agent)

If signing on behalf of an entity:

JAMES PAPAGNO  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation ✓

\$35.00 - Administratively dissolved corporation

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