

V28456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

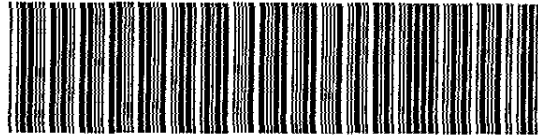
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400028363324

02/10/04--01034--025 **35.00

FILED

04 FEB -9 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resignation

T BROWN FEB 13 2004



Robin H. Doxey
Juris Doctorate in Law
Master of Laws in Taxation
rdoxey@coxnici.com

Suite 110
1185 Immokalee Road
Naples, Florida 34110
239.254.0706 Telephone
239.254.0709 Facsimile
www.coxnici.com

February 6, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

*Re: Registered Agent Resignation of OGA Enterprises, Inc.
Our File no. 3501.1*

To Whom It May Concern:

Enclosed is the Resignation of Registered Agent for the above-referenced entity, together with my client's check # 1341 in the amount of \$35, representing your filing fee. Please acknowledge receipt of the within document by stamping the duplicate copy of this cover letter and returning to me in the prepaid envelope provided.

Please feel free to contact me if you have any questions.

Very truly yours,

A handwritten signature in black ink that reads 'Robin H. Doxey'. The signature is fluid and cursive, with the first name 'Robin' being the most prominent part.

Robin H. Doxey

RHD

Enclosures

cc: Marion Munoz (w/o encls.)

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OGA Enterprises, Inc.
(Name of Corporation)

DOCUMENT NUMBER: V28456

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:

Robin H. Doxey

(Name of Person)

Cox & Nici

(Name of Firm/Company)

1185 Immokalee Road, Suite, 110

(Address)

Naples, Florida 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Robin H. Doxey

(Name of Person)

at (239) 254-0706

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
04 FEB -9 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Florida Statutes, the undersigned, Alexis Munoz

(Name of Registered Agent)

hereby resigns as Registered Agent for OGA Enterprises Inc.

(Name of Corporation)

V28456

(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:

(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**