## F00000003669

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Ac                                     | idress)            |           |  |  |
| (Ac                                     | ldress)            |           |  |  |
| (City/State/Zip/Phone #)                |                    |           |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Ви                                     | isiness Entity Nan | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |

Office Use Only



100080856711

10/16/06--01037--014 \*\*35.00

O6 OCT 16 PH 3: 18
SECRETARY OF STATE
TALLAHASSEE. FLORID.

RA Pes.

## **COVER LETTER**

| TO:     | Amendment Section Division of Corporations   |
|---------|--|
| SUBJI   | ECT; OCEAN WEST ENTERPRISES, INC. (Name of Corporation)                                    |
| DOCT    | JMENT NUMBER: F00000003669   |
| DUCU    | JWENT NUMBER: 1 0000000000   |
| The en  | closed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please  | return all correspondence concerning this matter to the following:                         |
| MON     | IICA MASER   |
|         | (Name of Person)   |
| PARA    | ACORP INCORPORATED   |
|         | (Name of Firm/Company)   |
| 640 E   | BERCUT DR #A   |
|         | (Address)  |
| SACE    | RAMENTO CA 95814   |
|         | (City/State and Zip Code)  |
| For fur | ther information concerning this matter, please call:                                      |
| <u></u> | (Name of Person) at ( 888 ) 886-7166 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60                        | 07.0502(2), 617.0502(2), 607.1509, or 613   | 7.1509,                  |  |
|--|---|--------------------------|--|
| Florida Statutes, the undersigned, PARACORP INCORPORATED         |   |                          |  |
|  | (Name of Registered Agent)                  |                          |  |
| hereby resigns as Registered Agent for                           | OCEAN WEST ENTERPRISES, INC                 | )<br>*=                  |  |
| mercey realigns as registered regent re-                         | (Name of Corporation)                       | ,                        |  |
| F0000003669  |   |                          |  |
| (Document Number, if known)                                      | <del>_</del>                                |                          |  |
| A copy of this resignation was mailed to                         | the above listed corporation at its last kn | own address.             |  |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date | e on which               |  |
|  | nie Bollnar                                 | 75 8 T                   |  |
| If signing on behalf of an entity:                               | gnature of Kesigning Agent)                 | OCT 16 P                 |  |
| DENISE ZO  | OLLNER                                      | PH 3:                    |  |
| . (*   | Typed or Printed Name)                      | 3: 18<br>STATE<br>CORIDA |  |
| ASSISTAN'  |   | CORPORATED               |  |
|  | (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