

L12000122185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

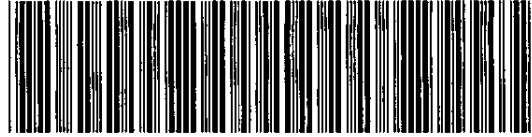
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300273316333

06/01/15--01018--013 **25.00

07/01/15--01002--005 **60.00

2015 JUN 29 P 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 30 2015
BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2015

MICHAEL N. BLISS
5319 1ST AVE W
BRADENTON, FL 34209

SUBJECT: OMNI PRODUCTIONS, LLC
Ref. Number: L12000122185

We have received your document for OMNI PRODUCTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 215A0001

2015 JUN 29 P 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omni Productions LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000122185

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael N. Bliss
Name of Person

Omni Productions LLC
Name of Firm/Company

5319 1st Ave W
Address

Bradenton, Florida 34209
City/State and Zip Code

mbliss11@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bliss at (941) 518-9675
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2015 JUN 29 P 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael N. Bliss, hereby resigns as
Name of Registered Agent

Registered Agent for Omni Productions LLC
Name of Limited Liability Company

L12000122185
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Michael N. Bliss
Typed or Printed Name
MGRM
Capacity

2015 JUN 29 P 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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