

M16000001641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

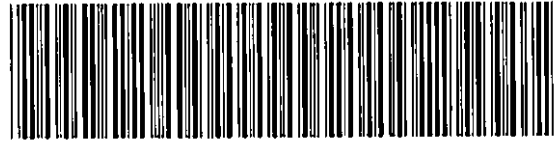
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200361999722

RECEIVED
ESTATE
MAR 15 AM 8:24
MAR 15 PM 2:10

RECEIVED
MAR 17 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 705661 7361206

AUTHORIZATION :

COST LIMIT :

Louise Aleman
\$ 25.00

ORDER DATE : March 15, 2021

ORDER TIME : 10:58 AM

ORDER NO. : 705661-010

CUSTOMER NO: 7361206

FOREIGN FILINGS

NAME: OMNINET FOUR GP LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omninet Four GP LLC
_____ (Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincent Cisneros

_____ (Name of Person)

Omninet Capital, LLC

_____ (Firm/Company)

9420 Wilshire Blvd Ste 400

_____ (Address)

Beverly Hills, CA 90212

_____ (City/State and Zip Code)

For further information concerning this matter, please call:

Vincent Cisneros

at (310) 300-4151
_____ (Area Code & Daytime Telephone Number)

_____ (Name of Person)

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
 \$30 Filing Fee & Certificate of Status
 \$55 Filing Fee & Certified Copy
 \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Omninet Four GP LLC

(Name of limited liability company)

California

(Jurisdiction of its organization)

12/11/2012

(Date registered with Florida Department of State)

M1600001641

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Neil Kadisha

(Typed or printed name of signee)

RECEIVED
DEPT. OF STATE
TALLAHASSEE, FL
NOV 11 8:24 AM '12

Filing Fee: \$25.00