P04000007941

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



500040353125

OU AUG 25 PM U: 01
SEUNE TAKE DI STATE
TALLAHASSEE, FLORIBI

DLANG 25 PH 4:45

PROPERTY OF STATE OF

Capitol Services, Inc.		
2750 Old St. Augustine Rd., N-145		
Tallahassee, FL 32301 (850) 878-4734 Kathi or Brent		
Office Use Only		
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):		
1. Omni Compression Respectives, Inc Po4- 794/ (Corporation Name) (Document #)		
Corporation Name) (Document #)		
3. (Corporation Name) (Document #)		
4. (Corporation Name) (Document #)		
Walk in		
☐ Mail Out ☐ Will wait ☐ Photocopy ☐ Certificate of Status		
NEW FILINGS AMENDMENTS		
☐ Profit ☐ Amendment ☐ Not for Profit ☐ Amendment		
Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent		
Domestication Dissolution/Withdrawal		
Other Merger		
OTHER FILINGS REGISTRATION/QUALIFICATION		
nnual Report Foreign		
☐ Fictitious Name ☐ Limited Partnership	_	
□ Reinstatement		
□ Trademark		
□ Other		
Examiner's Initials		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

04 AUG 25 PM 4: 01 SECRETARY CASTATE TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, TAMMIE CULLIGAN	hereby resign as DIRECTOR
ofOMNI COMMERCIAL PROPER (Name of Corpo	, , , , , , , , , , , , , , , , , , ,
(Ivania or Corps	Auton)
a corporation organized under the laws of the State of	FLORIDA
and affirm that the corporation has been notified in writing the c	riting of the resignation. Signing officer/director)

FILING FEE IS \$35.00

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