

211000111167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

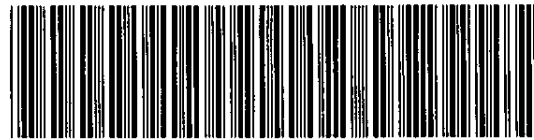
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/21/14--01008--001 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
14 OCT 20 AM 10:20 14 OCT 20 PM 3:39
DIVISION OF CORPORATIONS

OCT 21 2014

T. CARTER

LLC M/MGR Resign

Gardner Law Firm

Requester's Name

1300 Thimewood Drive

Address

Tallahassee FL

City/State/Zip

385-0070

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. OPO, LLC (Filing)
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
6. _____
(Corporation Name) (Document #)
7. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPO, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Benjamin B. Bush

(Contact Person)

Gardner, Bist, Wiener, Bowden, Bush, Dee, LaVia & V

(Firm/Company)

1300 Thomaswood Drive

(Address)

Tallahassee, FL 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin B. Bush

(Name of Contact Person)

at (850)

385-0070

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee)

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 20 AM 10: 20

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: OPO, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L11000111167

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/17/2014

4. I, John Mottice, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)