

L11000111167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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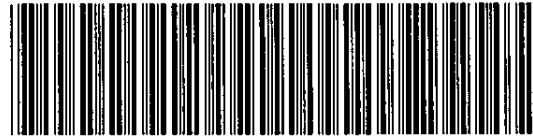
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 OCT 20 AM 10:15

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DIVISION OF CORPORATE REGISTRATION
14 OCT 20 PM 3:40

LLC RA Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000111167

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:

Benjamin B. Bush

Name of Person

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

Name of Firm/Company

1300 Thomaswood Drive

Address

Tallahassee, FL 32308

City/State and Zip Code

ben@gbwlegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin B. Bush

Name of Person

at (850) 385-0070

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Michael P. Bist

Name of Registered Agent

Registered Agent for OPO, LLC

Name of Limited Liability Company

L1100011167

Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 20 AM 10:15

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 P. Bist

Typed or Printed Name

Capacity

FILING FEES:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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