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| (Requestor's Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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TRANSMITTAL LETTER

| Division of Corporations |
|--|
| SUBJECT: Omaga Conformingum NO // INC. (Name of Corporation) |
| DOCUMENT NUMBER: 136763 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin |
| |
| Please return all correspondence concerning this matter to the following: |
| DAVE BROWN |
| DAVE Brown (Name of Person) |
| Omega Cowoni Nillini Blg 11 INC (Name of Firm/Company) |
| 1801 NW 75 QUE (Address) |
| (|
| PLANTH 110N Florida 33313 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| DAVE Brown at (954) 792 - 5005 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallabasses El. 32314Tallabasses El. 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| ĭ, | Barbara O. Vanderhoop, hereby resign as Theasu | rev Title) |
|----|---|---|
| of | Omega Convoninum NO 11, DIVC. | <u>4 1 9 9 3,</u> 8 1 9 |
| | 7 36 76 3 , a corporation organized under the laws of the (Document Number, if known) | ne State of |
| | Florida. | e de la composition |
| | | |
| | Barbara a. Van Un Loop (Signature of resigning officer/director) | O3 P |
| | | FILED O3 AUG -8 AM II: SECRETARY OF ST |
| | FILING FEE IS \$35.00 | OF STATE |

Make checks payable to Florida Department of State and mail to:

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