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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: OMNI MANAGEMENT SERVICES (Name of Corporation)	INC.
DOCUMENT NUMBER: F 07 0 0 0 0 0 4 1 8 4	
The enclosed withdrawal application and fee are submitted for file	ing.
Please return all correspondence concerning this matter to the following:	
lames (hesky	
(Name of Person)	
Omni Managione & Secures (Firm/Company)	Inc
(Firm/Company)	<u> </u>
10 Bet 44(570 (Address)	
Indiana polry IN 46244 (City/State and Zip code)	
(City/State and Zip code)	
For further information concerning this matter, please call:	
(Name of Person) at (?!?) (Area Code	591-5120
(Name of Person) (Area Code Enclosed is a check for the amount:	e & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	OMNI	MANAGEMENT	SERVICES	INC.		
			(Name of Corpora	ntion)		_
		F070000418 (Documen	+ 4 t Number of Corpo	ration (if known)		
		Indiana				
		(1	ncorporated Under	Laws of)		
voluntari This corp appoints	ly surrenders poration revo the Departm	o longer transacting but its authority to transaction of the authority of its agent of State as its agentized to transact business	et business or cor ts registered age at for service of	nduct affairs in Fl nt in Florida to process based on	orida. accept service on its	behalf and
		rrent mailing address fo			The second secon	15 FB -9 PM
	P. 0	Box 4415	70		· · · · · · · · · · · · · · · · · · ·	B -9
		dianapolis,		,		PH : 00
The corp	oration agree	es to notify the Departn	nent of State in th	ne future of any c	hange in its mailing a	ddress.
75		Suntly Joek	- if in the hands of a	1	- (- () (Date)	
I	eceiver or other	court appointed fiduciary, by t	hat fiduciary)		(Duto)	
_	Time	printed name of person signin	a)	<u> </u>	(Title of person signing)	
	(1 ypcu oi	bruner name of berson signin	5)		(a me or person aigmig)	

FILING FEE \$35