

L04000006444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

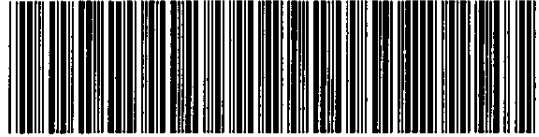
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400163128094

12/04/09--01027--004 **55.00

FILED

09 DEC -4 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC -7 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Om Cinemas, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Pranav Thakker

(Contact Person)

Om Cinemas, LLC

(Firm/Company)

P.O. Box 51115

(Address)

Sarasota, FL 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

Pranav Thakker

(Name of Contact Person)

at (941) 400-4718

(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
09 DEC -4 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

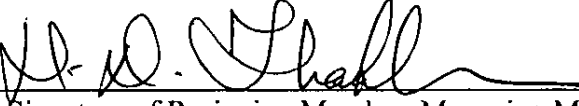
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Om Cinemas, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L04000006444

4. I, HARSHIT THAKKER, hereby resign as a MGR
(Print Name of Person Resigning) *(Print Title)*

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

 MGR
Signature of Resigning Member, Managing Member or Manager

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

FILED
09 DEC -4 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA