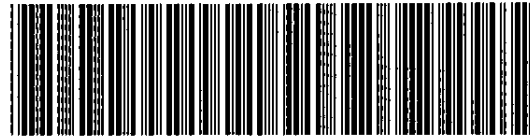


L040000/4498



300209467673

07/05/11--01041--017 **55.00

FILED
11 JUL -5 AM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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

K. SALY
EXAMINER

JUL 7 2011

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OPC, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L04000014498

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:

Isabel Ringelspaugh
Name of Person

Name of Firm/Company

689 Winslow Park Blvd
Address

Tarpon Springs, FL 34688-7287
City/State and Zip Code

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

For further information concerning this matter, please call:

Isabel Ringelspaugh at (813) 855 4269
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Isabel Ringelspaugh

Name of Registered Agent

, hereby resigns as

Registered Agent for

OPC, L.L.C.

Name of Limited Liability Company

L04000014498

Document Number, if known

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.

Isabel Ringelspaugh

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

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withdrawn limited liability company

30.00 please send me a certified copy

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
11 JUL -5 AM 2:40
DEPT. OF STATE
TALLAHASSEE, FLORIDA