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(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:			
105-122			



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: OM, INVESTMENTS, LLC.					
(Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ANIL CHETAL					
(Name of Person)					
OM INVESTMENT'S, 22C (Firm/Company)					
	(Firm/Company)				
11801 NORTH 50 TH STREET E- 11					
(Address)					
TAMPA / FLORIDA 33617					
(City/State and Zip Code)					
The Code (NC mark) and a second for the second for					
For further information concerning this matter, please call:					
ANIL CHETAL	at (813) 205-777	7			
(Name of Person)	(Area Code & Daytime	Telephone Number)			
Enclosed is a check for the following amount:					
25 \$25.00 Filing Fee	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I.	TANVI CHETAL	hereby resign as MEMBER
		(Title)
of	OM. INVESTMENTS, LLC.	
		imited Liability Company)
a l	imited liability company organized u	nder the laws of the State of FLORIDA
an	d affirm that the limited liability com	pany has been notified in writing of the resignation.
		1 St.
	(Signature of resigning	manager, managing member or member)

FILING FEE IS \$25.00

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