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T. HAMPTON

COVER LETTER

_	stration Section ion of Corporations				
SUBJECT:	OGIS, LLC.	mited Liability Company	_		
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please return	all correspondence concerning the	his matter to the following:			
OSMA	N GUNDUZ Name of Person				
OGIS,					
HOLL'	Firm/Company FEDERAL HIGHV Address YWOOD, FL 33020 City/State and Zip Code GUNDUZ@AOL.C dress: (to be used for future annual report no	OM			
For further information concerning this matter, please call:					
OSMA	N GUNDUZ	at (954) 234-6856			
	Name of Person	Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the followin	g amount:			
■ \$	25 Filing Fee	□ \$55 Filing Fee & Certified Copy			



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 of State is:		it appears on the records of the Florida Departme	-∙
	ability company was organized F FLORIDA	under the laws of:	
3. The Florida do L0500009	•	this limited liability company is:	
	t Name of Person Resigning)	, hereby resign as a MGR (Print Title)	<u></u>
resignation in	writing.	limited liability company has been notified of n	пу
Signature of R	esigning Member. Managing M	ember or Manager	}
Filing Fee:	\$25.00 (Required)	C C	j

Certified Copy:

\$30.00 (Optional)