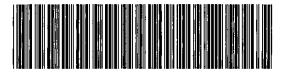
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(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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10/18/06-1-01028--012 **55.00

J. BRYAN OCT 2 0 2006

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: ONWA ENTERDRISE (Name of Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter to the following:	
Nicde (menhouse, (Name of Person)	
O-Nikka (Firm/Company)	DIVISION OF CO
2037 S & 3PD ST	P
Deeffeld Beach 7 3344	STATE STATE OF STATE
For further information concerning this matter, please call:	
Jillian (Name of Person) at (Area Code & Daytime Telephone	585 Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRES Registration Section Division of Corporations	

CR2E079 (8/05)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

7

P.O. Box 6327

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Nicole (Rephase , hereby resign as MGR (Title)		_
of O:NKK.A. Enterprise LC (Limited Liability Company)		_,
a limited liability company organized under the laws of the State of		_,
and affirm that the limited liability company has been notified in writing of the resignat	ion.	
(Signature of resigning manager, managing member or member)	06 OCT 18 P	SECRETARY OF SECRETARY OF CORP
	PM 2: 47	FSTATENS

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