L07000022735

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

فمدة

_	istration Section ision of Corporations		
SUBJECT	OMNA, LLC		
		mited Liability Con	mpany)
The enclose	ed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning	g this matter to:	
WILLIAM	J. BEATON III		
	(Contact Person)		
OMNA, LI	_C		
	(Firm/Company)		<u></u>
6981 STC	NEY CREEK CIR.		
	(Address)		_
LAKE WO	PRTH FL 33467		
	(City/State and Zip Code)		_
For further	information concerning this ma	tter, please call:	
WILLIAM	J. BEATON III	561	818-1189
(Name of Contact Person)	_ \	e & Daytime Telephone Number)
Enclosed p \$25 Filin	lease find a check made payable ng Fec		Department of State for: g Fee & Certified Copy
Registration Division of Clifton Bui 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FILED
2014 APR 16 PM 4: 19

FLORIDA DEPARTMENT OF STATE OF STATE OF STATE OF DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Departmen	ıt
of State is: OMNA, LLC	
2. The Florida document/registration number assigned to this limited liability company is: L07000022735	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/11/2014	
4. I, ALEXANDER S. BEATON , hereby withdraw/resign as a (Print Name of Person Resigning)	
(Print Name of Person Resigning)	
MGR	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	/
ALEXANDER S BEATON	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	