L0900011312

(Re	equestor's Name)	_		
	,			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
(50	oument Number)			
Certified Copies	_ Certificates	s of Status		
	_			
Special Instructions to	Filing Officer:			
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COVER LETTER

10: Registration Section	
Division of Corporations	
SUBJECT: Oddtopsy F/X LLC	
(Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Shelby McIntyre	
(Contact Person)	
(F) - (O	
(Firm/Company)	
512 West Curtis St	
(Address)	
Tampa, Florida 33603	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Shelby McIntyre	at (813) 944-7013
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	to the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





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: Odd		it appears on the records of the Florida Departme
2. This limited liab	ility company was organized	under the laws of:
3. The Florida docu L0900001131	•	this limited liability company is:
4. I, Shelby McInt	yre 'ame of Person Resigning)	, hereby resign as a Manager (Print Title)
of this limited lia resignation in vr	bility company and affirm th	e limited liability company has been notified of m
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	