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J. SAULSBERRY EXAMINER MAR 2 3 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OMNI FINANCIAL SOLU	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
ROHINI PATEL	•
(Contact Person)	
OMNI FINANCIAL SOLUTIONS LL	SEGRETARY TALL: AHASSE
(Firm/Company)	FAR AR
10116 SPRING TREE CT	ने का किया के किया के किया के किया के किया के किया के किया किया के किया के किया के किया के किया किया किया किया किया किया किया किया किया किया किया किया
(Address)	FLO
TAMPA, FL 33615	8: \6
(City/State and Zip Code)	
For further information concerning this matter,	please call:
ROHINI PATEL at	813 ₎ 919-9409
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the second se	he Florida Department of State for: \$55 Filing Fee & Certified Copy
CONTROL OF THE CONTRO	,
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it NI FINANCIAL SOLUT		s of the Flo	rida Dep	artment 	
2. This limited liabi	lity company was organized un	nder the laws of:		SEGRE TALLAH	2011 MAR 22	-1
3. The Florida docu L0900063	ument/registration number of th	is limited liability cor	npany is:	GRETARY OF ST	æ	アニーロン
4. I, KEYUR PA	ATEL ame of Person Resigning)	, hereby resign as a	MGR (Pri	ORIDATE int Title)	8: 46	
of this limited liab resignation in wri	oility company and affirm the l	imited liability compa	iny has beer	n notified	d of my	
Signature of Pagi	Kult Manadina Manadin	when on Manager				
Signature of Resi	gning Member, Managing Mer	nber or Manager				
Filing Fee: Certified Copy:	• • •					