

LD9000073560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

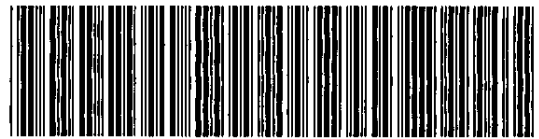
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

SEP 22 2009

EXAMINER



400160812714

09/21/09--01054--016 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 SEP 21 PM 2:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPULENT CONSULTANTS LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TIMOTHY K DOYLE

(Contact Person)

(Firm/Company)

174 WATERCOLOR WAY #335

(Address)

SANTA ROSA BEACH, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY K DOYLE

(Name of Contact Person)

at (850) 313-3150

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 SEP 21 PM 2:43



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 limited liability company as it appears on the records of the Florida Department of State is: OPULENT CONSULTANTS LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L09000073560

4. I, TIMOTHY K DOYLE, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 PM 2:43