L10000105188

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT,	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations OFT INTERNTIONAL SERVICES, LLC. SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: WILMER MARTINEZ (Contact Person) (Firm/Company) 12261 SW 118th TERRACE (Address) MIAMI, FL 33186 (City/State and Zip Code) For further information concerning this matter, please call: WILMER MARTINEZ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER 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





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it ap OFT INTERNATIONAL SERVICE of State is:	
2. The Florida document/registration number assign L10000105188	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned	d or will withdraw/resign is:
4. I, WILMER MARTINEZ (Print Name of Person Resigning)	
MGRM	
of this limited liability company and affirm the lim resignation in writing.	nited liability company has been notified of my
Signature of Dissociating Member or Resigning	Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	