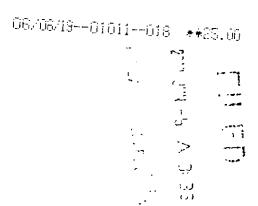
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## **COVER LETTER**

Division of Corporations  SUBJECT:  OPTIMUS US 4550 N.W. 9TH ST., L.L.C.  (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:  Krisia Del Prado  (Contact Person)  (Firm/Company)  27532 SW 162 CT  (Address)  Homestead, FL 33031  (City/State and Zip Code)  For further information concerning this matter, please call:  Krisia Del Prado  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$255 Filing Fee  STREET/COURIER ADDRESS:  Registration Section  Registration of Corporations  Registration of Corporations  Registration of Corporations  Plusticion of Corporations  Registration Section  Division of Corporations		Registration Section					
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Krisia Del Prado  (Contact Person)  (Firm/Company)  27532 SW 162 CT  (Address)  Homestead, FL 33031  (City/State and Zip Code)  For further information concerning this matter, please call:  Krisia Del Prado  (Name of Contact Person)  (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  MAILING ADDRESS:  Registration Section	The encl	losed member, resignation or dissocia	tion and fee	(s) are submitted for f	filing.		
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☑ \$25 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section		(Name of Contact Person)	(Area Coo	le & Daytime Telephon	e Number)		
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		of Corporations		Division of Corpora	ations		
Clifton Building P.O. Box 6327					2221		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		· · · · · · · · · · · · · · · · · · ·		Tallahassee, Florida	a 32314		

CR2E079 (2/14)



## 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)

OPT	limited liability company as	t appears on the records of the Florida Department ST., L.L.C.
2. The Florida doc	ument/registration number as:	signed to this limited liability company is:
L1000012209	5	٠. ١٠٠٦
3. The date this me Krisia Del Pr	ado	gned or will withdraw/resign is: 05/30/2019i
	lame of Person Resigning)	, nereby withdraw/resign as a
Manager		مستر المستراق
_	(Print Title)	1 (A) 2
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of D	ssociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	