

L11000022008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

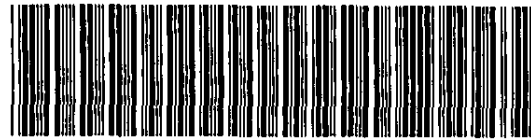
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



600249994706

07/26/13--01012--001 **100.00

Special Instructions to Filing Officer:

L. SELLERS

JUL 30 2013

JUL 30 2013

L. SELLERS

Office Use Only

FILED

13 JUL 26 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLCON, 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:

ALVARO CASTILLO

(Contact Person)

CASTILLO & ASSOCIATES

(Firm/Company)

1390 BRICKELL AVE., SUITE 200

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

ALVARO CASTILLO at **(305) 371-5540**
(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
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



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: OLCON, 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:
L11000022068
4. I, SONIA L. CONCINA DE OLMOS, hereby resign as a MANAGER
(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
13 JUL 26 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA