## L11000093592

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C. LEWIS FEB -1 2012 **EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: OP-four LLC	
(Name of Limited Liability Cor	npany)
The enclosed member, managing member or manager resigning.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Richard A. Feld	
(Contact Person)	_
(Firm/Company)	_
P.O. Box 7559 (Address)	, -
Tallahassee, Florida 32314-7559 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Richard A. Feld at ( 850 (Area Code	) 766-3936 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida E \$25 Filing Fee	Department of State for: S55 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

Richard A. Feld P.O. Box 7559 Tallahassee, FL 32314-7559

January 31, 2012

Mr. Richard S. Bedford President and CEO OP-FOUR LLC 3036 Giles Place Tallahassee, FL 32309

Dear Mr. Bedford:

Effective immediately please accept my resignation as Vice President / Executive Director Operations of OP-FOUR LLC.

Thank you.

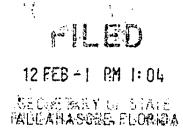
Sincerely,

Richard A. Feld

Cc: Florida Department of State/Division of Corporations







## 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: OP-	FOUR LLC		·
2. This limited liab	oility company was organized u	nder the laws of:	
FLORIDA		·	
3. The Florida doc	ument/registration number of tl	nis limited liability compar	ny is:
L1100009359	98	·	
4. I, Richard A. Fe	eld (Ric Feld)  Jame of Person Resigning)	, hereby resign as a MG	iR (Print Title)
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability company h	as been notified of my
Signature of Res	igning Member, Managing Men	mber or Manager	
		y.	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		