

L12000002830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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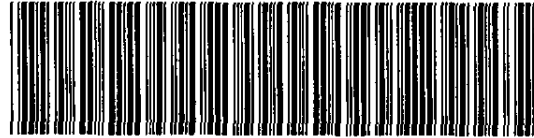
(Business Entity Name)

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DEPARTMENT OF STATE
FACSIMILES, FLORIDA

18 APR 27 08 49

J. LEGGETT
APR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPMAX SUPPORT SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000002830

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bertha Burruezo, Esq.

Name of Person

Burruezo & Burruezo, PLLC

Name of Firm/Company

941 Lake Baldwin Lane, Ste. 102

Address

Orlando, FL 32814

City/State and Zip Code

bertha@burruezolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bertha Burruezo

Name of Person

at (407) 754-2904

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Burruezo & Burruezo, PLLC (fka Burruezo Law Firm, PLLC), hereby resigns as
Name of Registered Agent

Registered Agent for OPMAX SUPPORT SERVICES, LLC

Name of Limited Liability Company

L12000002830

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Bertha Burruezo

Typed or Printed Name

Managing Shareholder

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
18 APR 27 PM 4:49