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SECRETARY OF STATE

JUN - 8 7915

T. HAMPTON

COVER LETTER

~	stration Section ion of Corporations		·		
DIVIS	non or corporations				
SUBJECT:	Omni Productions LLC				
	(Name of Limited Liability Company)				
The enclosed	I member, resignation or dissoci	iation and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
Michael N.	Bliss				
	(Contact Person)		-		
Omni Prode	uctions LLC				
·	(Firm/Company)		_		
5319 1st A	ve W				
	(Address)		_		
Bradenton,	Florida 34209				
	(City/State and Zip Code)		_		
For further in	nformation concerning this matt	er, please call:			
Michael N.	Bliss	941 at (518-9675		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple \$25 Filing	ase find a check made payable t ; Fee		Department of State for: 3 Fee & Certified Copy		
Registration Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

	limited liability company as ni Productions LLC	s it appears on the records	of the Florida Department
2. The Florida doc	ument/registration number a 5	ssigned to this limited liab	oility company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	sign is:
Michael N. D			
MGRM			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability compan	ny has been notified of my
Mhol	al al Sti)	
Signature of Di	ssociating Member or Resig	gning Manager	TAS 15
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		JUN-1 A