

L150000009555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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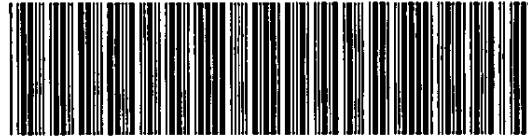
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMG Fast PC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000009555

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:

Brian J Watkins
Name of Person

OMG Fast PC.
Name of Firm/Company

6193 Rock Island Road Suite 516
Address

TAMARAC, FL 33319
City/State and Zip Code

OMGTECHSERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Polanco at (561) 239-0516
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: OMG Fast PC

2. The Florida document/registration number assigned to this limited liability company is:

L15000009555

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/28/15

4. I, Brian J Watkins, hereby withdraw/resign as a
(Print Name of Person Resigning)

Partner
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)