

L15000045388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

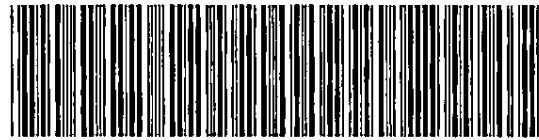
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500303159285

09/29/17--01013--014 **25.00

17 SEP 29 AM 11:34
DIVISION OF COMMERCE

FILED

O GIMMONS
OCT 02 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPES Apparel, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000045388

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:

Sema Yildirim, Esq.
Name of Person

The Law Offices of Sema Yildirim
Name of Firm/Company

602 South Boulevard
Address

Tampa, FL 33606
City/State and Zip Code

semayildirim@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sema Yildirim at (813) 229-5344
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

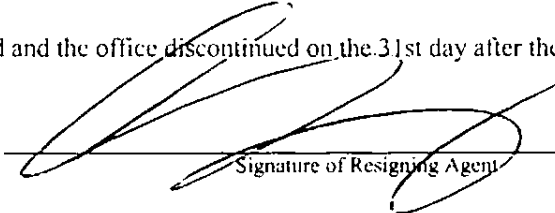
**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Sema Yildirim hereby resigns as
Name of Registered Agent
Registered Agent for Opes Apparel, LLC was done fraudulently
Name of Limited Liability Company without consent or
knowledge of
Sema Yildirim
L15000045388
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:

SEMA YILDIRIM
Typed or Printed Name
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

FILED
17 SEP 29 AM 11:34
DIVISION OF CORPORATIONS