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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: O.P. RESTORATIONS LLC	
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
STACIA STARKS	
(Contact Person)	
OP RESTORATIONS LLC	
(Firm/Company)	
3603 BROCKWAY ROAD	
(Address)	
JACKSONVILLE FL 32250	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
STACIA STARKS	904 572-8064
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\bigset\$ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 a RESTORATIONS LLC	s it appears on the records of the Florida	Depar	tment
2. The Florida docu L1600017001		assigned to this limited liability company	'is:	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:	/2016	
		, hereby withdraw/resign as a	•	
(Print N	ame of Person Resigning)			
MANAGER		٦,		
	(Print Title)			
of this limited lial resignation in wr		he limited liability company has been no	tified o	of my
I sonal		HALL RELY	j,	
	ssociating Member or Resig		Si	9
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		DIVISION OF CORPORATIONS	16 OCT 17 PH 4: 01

CR2E079 (2/14)

Filing Fee: