## 116000171503

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified CopiesC	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



400343842934

04/27/20--01010--007 \*\*25.00

2020 APR 27 Fil 4: 11

O SEMVONS

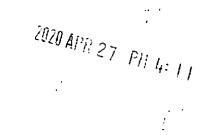
MAY 0 8 2020

## COVER LETTER

Registration Section **Division of Corporations** OMNI STONE LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Timothy Rappold (Contact Person) OMNI STONE LLC (Firm/Company) 510 NW 84th Avenue, #429 (Address) Plantation, FL 33324 (City/State and Zip Code) For further information concerning this matter, please call: Timothy Rappold 954 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy **\$25** Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, Fl. 32314 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

TO:





## 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 of State is:	• • •	appears on the records of the Florida Department
2. The Florida doc L16000177503	ument/registration number assig	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:
4. l. JACLYN K RO	MANO	, hereby withdraw/resign as a
(Print N	Name of Person Resigning)	, hereby withdraw/resign as a
MGRM		
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of D	A RUMMT issociating Member or Resignin	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:		