

12/20/24, 10:40 AM

Division of Corporations

L17000123875

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC
Account Number : I20210000107
Phone : (813)284-4727
Fax Number : (813)436-8460

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: notices@venerable.law

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLIMEL LLC

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DIVISION OF CORPORATIONS
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K. SALY

DEC 26 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLIMEL LLC

(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:

JASON SAMPSON

(Contact Person)

Venerable Corporate and Trust Services, LLC

(Firm/Company)

301 West Platt Street, No. 657

(Address)

Tampa FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Sampson

813

284-4727

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: OLIMEL LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000123875

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/20/2024

4. I, MELOTTO, DANIELA OLIANI, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR AUTHORIZED MEMBER
(Print Title)

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

/s/ DANIELA OLIANI MELOTTO

Signature of Dissociating Member or Resigning Manager

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