12/27/2019

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H190003710433ABC

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

: (916)576-7000

Fax Number

; (800)603-5868

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

Email Address: RISOS@ Parasco com

LLC REGISTERED AGENT RESIGNATION OMB CAPITAL HOLDINGS LLC

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(H190003710433)

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COVER LETTER

SUBJECT: Na	me of Limited Liabilit	y Company
DOCUMENT NUMBER: L170002232	06	
The enclosed Resignation of Registere for filing.	ed Agent for a Limite	ed Liability Company and fee are submitted
Please return all correspondence conce	erning this matter to	the following:
Jason Batalla		
Name of Person		-
Parasec		
Name of Firm/Compa	any	_
2804 Gateway oaks Dr # 100		
Address		_
Sacramento, CA 95833		
City/State and Zip Co	ode	_
rlsos@parasec.com		
E-mail address: (to be used for future an	nual report notification)	
For further information concerning thi	is matter, please call:	
jason Batalla	at (533-7272 Daytime Telephone Number
Name of Person	Arca Cou	c Daytine retephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.011.	5, Florida Statutes, the under	rsigned,			
Rocket Lawyer Corporate	prporate Services LLC , hereby resigns as					
	Name of Registered Age		,	~		
Registered Agent for ON	MB Capital Holdings L	LC		_		
	Name of Lim	nited Liability Company				;
L17000223206						
Document Nu	mber, if known					
A copy of this resignatio	n was mailed to the a	above listed limited liability	company at i	its last k	nown a	iddress.
The agency is terminated	l and the office disco	ntinued on the 31st day after	r the date on	which th	his state	ement is filed.
	X. Hen	Signature of Resigning Agent				
If signing on behalf of ar	n entity:					
	Leticia Herrera					
	Т	yped or Printed Name		≓ .	22	
	Assistant Secretary				=	
		Capacity			2019 DEC	
					N	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability condition Administratively dissolve withdrawn limited liability	ompany ed/voluntaril ty company	ly disso		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)

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