

L180000 70224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

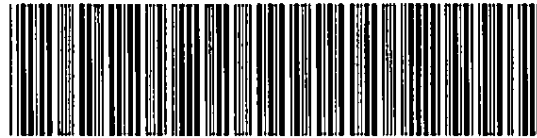
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/17/18--01016--031 **50.00

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2018 MAY 17 PM 4:01
CLERK OF STATE
TALLAHASSEE, FL 09107

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MAY 18 2018

PATRICIA NOVARO
18459 PINES BOULEVARD, SUITE 301
PEMBROKE PINES, FL 33029
E-MAIL: novarop@bellsouth.net
Telephone: (305) 710-6836

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: OEM SOLUTIONS, LLC / L18000070224

To Whom it May Concern:

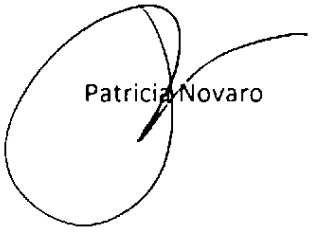
In connection with the above-referenced Limited Liability Company, attached please find the following forms:

1. Articles of Amendment; and
2. Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company, and

I have also enclosed a check in the amount of \$50.00. Each form enclosed has a \$25.00 filing fee.

Thank you.

Patricia Novaro



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OEM SOLUTIONS, 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:

PATRICIA NOVARO

(Contact Person)

OEM SOLUTIONS, LLC

(Firm/Company)

18459 PINES BOULEVARD, STE. 301

(Address)

PEMBROKE PINES, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA NOVARO at (305) 710-6836

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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 limited liability company as it appears on the records of the Florida Department of State is: OEM SOLUTIONS, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L18000070224
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/19/2018
4. I, JON L. NOVARO, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR
(Print Title)

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


Signature of Dissociating Member or Resigning Manager

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

FILED
2018 MAY 17 PM 4:01
CLERK OF STATE
TALLAHASSEE, FLORIDA