L200000 38591

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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations

Omatum Studios LLC & Omatom SUBJECT:	alerrises es	3
	mited Liability	Company)
The enclosed member, resignation or dissoc	ciation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter	to:
Greg Dizzia		
(Contact Person)	-	
(Firm/Company)		
7830 Las Canas Ct.		
(Address)		
Jacksonville, FL 32256		
(City/State and Zip Code)		
For further information concerning this mat	ter, please ca	ill:
Greg Dizzia	315 at (945-0769
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable \$\Begin{align*} \Begin{align*} \Begin		a Department of State for: ling Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 816

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRÖM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY □

(Pursuant to 605.0216, Florida Statutes)

I. The name of the limited liability company as it appears on the records of the Florida Departmen
Omatum Studios LLC-or
2. The Florida document/registration number assigned to this limited liability company is: Studios: L20000038591: Emprises 1.20000038591
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/23/2020
1. I, Chad Riddersen, 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.
\mathcal{O}/\mathcal{O}
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: