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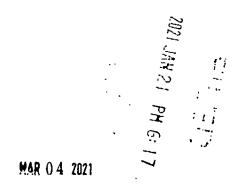
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. YOUNG

COVER LETTER

	·		
SUBJECT:	On 1 Technologies, LLC (Name of Limited Liability Company)		
	(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:

TO: Registration Section

Division of Comorations

Magdalera Gonzalez (Contact Person)
Omni Technologies, LLC (Firm/Company) Dies, LLC
18331 Pines Blud #159
Penbroke Pina Fr 33029 (City/State and Zip Code)

For further information concerning this matter, please call:

MAGDALONA GONZALOZ	at (786) 721-2511
(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 & 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

CR2E079 (2/14)

O



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)

		ppears on the records of the Fl	orida Depa	irtment
of State is:	nni Technol	GIES, LLC		·
2. The Florida docum	nent/registration number assig	ned to this limited fiability con	npany is:	
L2000	0193684	_·		
3. The date this mem	ber/manager withdrew/resigne	ed or will withdraw/resign is: _	1/1/2	021
· ·		د, hereby withdraw/resign as a	ı	
mar/	MAGAALENA. Co	nzple.		
of this limited liabi resignation in writi		mited liability company has be	en notified	of my
	A/A			
Signature of Diss	ociating Member or Resigning	Manager		202
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			2021 JAN 21 PM
			٠ ،	PM
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