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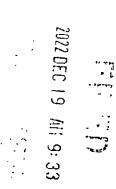
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. BUTLER

MAR - 4 2023

#### **COVER LETTER**

SUBJECT:  Name of Limited Liab	sility Company
	omly Company
DOCUMENT NUMBER: L22000098773	<del></del>
The enclosed Resignation of Registered Agent for a Lir for filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
YOHANY L RODRIGUEZ	
Name of Person	<del></del>
OM SPIRITUAL RETREAT LLC	
Name of Firm/Company	<del></del>
300 SEVILLE AVE SUITE 200	
Address	
CORAL GABLES, FL 33134	
City/State and Zip Code	<del></del>
yohany3000@gmail.com	
E-mail address: (to be used for future annual report notificati	on)
For further information concerning this matter, please of	all:
YOHANY L RODRIGUEZ 305 at (	306-8765
Name of Person Area C	Code Daytime Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions	of section 605.0115.	, Florida Statutes, the	undersigned.			
YENISLEY LLANO HERNANDEZ here		, hereby resigns a	eby resigns as			
1	<u> </u>					
Registered Agent for OM	SPIRITUAL RETREA	AT LLC	<u> </u>	<u>-</u> _		
	Name of Limit	ted Liability Company				
L22000098773						
Document Num	ber, if known	<del></del>				
A copy of this resignation	was mailed to the ab	pove listed limited liab	pility company at its las	t known a	ddress.	
The agency is terminated	and the office discon	itinued on the 31st day Signature of Resigning A		h this state	ment is	i filed.
If signing on behalf of an	entity:	•			2922 DEC	•q • [
	Ту	ped or Printed Name			C 19	
-	. <u> </u>	Capacity			AF 9:	
-				•	မ	
	<b>FILING 1</b> \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	ity company ssolved/ voluntarily dis liability company	ssolved/		

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