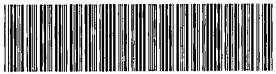
(Requestor's Name)	
(Address)	9004073
(Address)	
(City/State/Zip/Phone #)	Etxlich Kētli
PICK-UP WAIT MAIL	,
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	711.12.3
Special Instructions to Filing Officer:	7/6/23 VIN

Office Use Only



13759

: = 1

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJ	ECT:	OHA SERVICES LLC					
		(Name of Limited Liability Company)					
The er	nclosed	l member, resignation or disso	ciatic	on and fee	e(s) are submitted for filing.		
Please	return	all correspondence concerning	g this	matter t	0:		
		OMAR ALVAREZ					
		(Contact Person)			<del></del>		
		OHA SERVICES LLC					
		(Firm/Company)			<del></del>		
		7375 SW 39TH TERR					
	•	(Address)			_ <del>_</del>		
		MIAMI, FL 33155					
		(City/State and Zip Code)					
For fu	irther is	nformation concerning this ma	tter, j	please ca	11:		
OMAR	RALVA	REZ	at	786	620-8979		
	(N	ame of Contact Person)		(Area Co	ode & Daytime Telephone Number)		
		ease find a check made payable					
<b>=</b> \$2:	5 Filin	g Fee		] \$55 Fil:	ing Fee & Certified Copy		
		ng Address:			Street Address:		
Registration Section					Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327				The Centre of Tallahassee			
		hassee, FL 32314			2415 N. Monroe Street, Suite 810		
					Tallahassee, FL 32303		

CR2E079 (2/14)



## 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 of State is: FLOF		s it appears on the records of	the Florida Department
2. The Florida doc 1.23000169948	ument/registration number a	ssigned to this limited liabili	ty company is:
	4 . 4. 4169	igned or will withdraw/resig, hereby withdraw/resig	
AR  of this limited lia	(Print Title) bility company and affirm th	ne limited liability company	
resignation in wr	issociating Member or Resig	gning Manager	[77] H. 2023 HAY -3
	\$25.00 (Required) \$30.00 (Optional)		PH 5 5