

L230000328076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

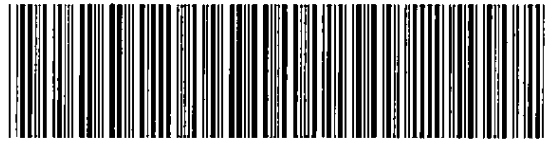
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/01/24--01002--021 **105.00

TALLAHASSEE, FLORIDA

2024 AUG 20 AM 9:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPPS SERVICES 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:

Bobby Pica
(Contact Person)

OPPS
(Firm/Company)

613 Copper Beech Ln
(Address)

Wake Forest NC 27587
(City/State and Zip Code)

For further information concerning this matter, please call:

Bobby Pica at (919) 819-3971
(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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2024

BOBBY PIA
613 COPPER BEECH LANE
WAKE FOREST, NC 27587

AUG 20 2024

SUBJECT: OPPS SERVICES LLC
Ref. Number: L23000328076

We have received your document for OPPS SERVICES LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 024A00015466



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2024 AUG 20 AM 9:55
TALLAHASSEE, FLORIDA

**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: OPPS SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is:

L23000328076

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-15-24

4. I, Bobby Pia, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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