L23000372409

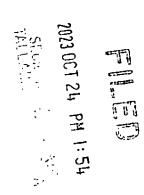
(Re	questor's Name)				
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(Cit	y/State/Zip/Phone	9 #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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COVER LETTER,

TO:	Regi	stration Section		
	Divis	sion of Corporations		
SUBJ	IECT:	OID HOLDING COMPANY LLC		
		(Name of L	imited Liability Cor	mpany)
The e	nclose	d member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please	e returi	all correspondence concernir	ig this matter to:	
OFEL	IA SAN	ILUT		
	_	(Contact Person)	 _	_
SWIR	E PROP	PERTIES		
		(Firm/Company)		_
98 SE	7TH ST	TREET #500		
		(Address)	<u> </u>	_
MIAN	41, FL 3.	3131		
		(City/State and Zip Code)		_
For fi	arther i	nformation concerning this ma	atter, please call:	
OFEL	JA SAN	ILUT	305 at (371-3877
	(1)	Same of Contact Person)		& Daytime Telephone Number)
Enclo	sed ple	ease find a check made payabl	e to the Florida I	Department of State for:
	5 Filin			g Fee & Certified Copy
	N. 11:	Addans		Street Address:
		ng Address: stration Section		Registration Section
	_	sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	ahassec, 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)

		it appears on the records of the	e Florida Departm	ent		
of State is: OID	HOLDING COMPANY LLC			<u> </u>		
2. The Florida doc 1.23000372409	cument/registration number as	signed to this limited liability o	company is:			
3. The date this m	ember/manager withdrew/resi	igned or will withdraw/resign i	s:	_		
4. I, MAILE AGUII	A Name of Person Resignings	, hereby withdraw/resign as a				
VP						
resignation in w		e limited liability company has	023 OCT 24 PM SEGRENSERSERS	ny T F		
_	\$25.00 (Required)		9.6% 3.8% 1.2.1			