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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Omega Technology Solutions	LLC			
(Name of Foreign Limited Liability Company)					
Dear Sir o	or Madam:				
The enclo	sed withdrawal and fee(s) are submitted for	tiling.			
Please reti	urn all correspondence concerning this matte	er to the followir	ng:		
Ann Fie	erro				
	(Name of Person)		_		
Omega	Technology Solutions				
	(Firm/Company)		_		
1314 E	Las Olas Blvd				
	(Address)		_		
Ft Laud	lerdale, Fl 33301				
 -	(City/State and Zip Code)		_		
For furthe	r information concerning this matter, please	call:			
Ann Fie	erro	310	774-0886		
	(Name of Person)	_ \	& Daytime Telephone Number)		
R I: C 2	ETREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314		
Enclosed	is a check for the following amount:				

□ \$55 Filing Fee & Certified Copy

□ \$30 Filing Fee & Certificate of Status

■ \$25 Filing Fee

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ology Solutions LLC		
(Name of limited liability company)		_
(Jurisdiction of its organization)		_
(Date registered with Florida Department of State)		_
6		
(Florida Document Number)		
oility company is withdrawing its certificate of authority in this sta	ate.	
The C. Filmo (Signature of authorized representative)	_	
Ann C Fierro		
(Typed or printed name of signee)	2015 JUN -4 AM 9	
	(Name of limited liability company) (Jurisdiction of its organization) (Date registered with Florida Department of State) 6 (Florida Document Number) polity company is withdrawing its certificate of authority in this state (Signature of authorized representative) Ann C Fierro	(Name of limited liability company) (Jurisdiction of its organization) (Date registered with Florida Department of State) 6 (Florida Document Number) oility company is withdrawing its certificate of authority in this state. (Signature of authorized representative) Ann C Fierro (Typed or printed name of signee)

Filing Fee: \$25.00