

m13000007152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500275957895

500275957895
09/04/15--01013- 007 **172.50

2015 SEP -4 P 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 04 2015

3 MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPUS-ISM, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M13000007152

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth A. Straub

Name of Person

National Corporate Research, Ltd.

Name of Firm/Company

615 S. Dupont Hwy

Address

Dover, DE 19901

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Straub

at (866) 621-3524

Name of Person

Area 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

National Corporate Research, Ltd.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____

OPUS-ISM, LLC

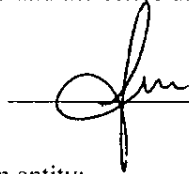
Name of Limited Liability Company

M13000007152

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Florence Spelzhausen

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

2015 SEP -4 P 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED