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Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cls-agentresignations@wolterskluwer.com

LLC REGISTERED AGENT RESIGNATION  
OMA MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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2024 JAN 30 PM 1:04  
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2024 JAN 30 AM 10:42  
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TALLAHASSEE, FL

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T. LEMIEUX  
Help  
JAN 31 2024

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C.T. CORPORATION SYSTEM

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for OMA MANAGEMENT, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M18000009706

\_\_\_\_\_  
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.

*Nancy Helm-Brown*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

\_\_\_\_\_  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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Division of Corporations  
P.O. Box 6327  
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