Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000030055 3)))



H210000300553ABCQ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

Email Address:_____

LLC REGISTERED AGENT RESIGNATION **OPOLIS DEO LLC**

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COVER LETTER

Division of Corporations			
SUBJECT: OPOLIS DEO LLC			
Name of I		ed Liability	Company
DOCUMENT NUMBER: M19000002233			
The enclosed Resignation of Registered Age for filing.	n t fo	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this	matter to th	e following:
Amanda Archambault			
Name of Person			
Incorporating Services, Ltd.			
Name of Firm/Company			
3500 S DuPont Highway			
Address		<u>.</u>	
Dover, DE 19901			
City/State and Zip Code			
aarchambault@incserv.com			•
E-mail address; (to be used for future annual re	port r	notification)	
For further information concerning this matter	er, p	olease call:	
Amanda Archambault	at	,302	531-0712 Daytime Telephone Number
Name of Person	_ a.	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administrability company.	rida ativ	Departmen ely dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite
MAILING ADDRESS:		STREE	ET ADDRESS:
Registration Section	Registration Section		
Division of Corporations			n of Corporations
P.O. Box 6327			Building xecutive Center Circle
Tallahassee, FL 32314		2001 B	XCCULIVE CERTICIF CHOIC

Tallahassee, FL 32301

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Stat	utes, the undersigned,
Incorporating Services, Ltd.	hereby resigns as
Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for OPOLIS DEO LLC	
Name of Limited Liability Co	mpany
M19000002233	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminated and the office discontinued on the	e 31st day after the date on which this statement is filed.
Francia Francisco Signature of Re	Chambault osigning Agent
If signing on behalf of an entity:	
Amanda Archa	mbault
Typed or Printed N	Vame .
Assistant Secr	etary
Capacity	

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$ 85.00 Active \$ 25.00 Admin