M19000009060

(Requestor's Name)

(Address)

(Address)

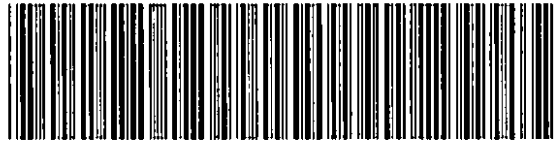(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400343844914

05/01/20--01001--016   **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omni Relief LLC
_____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Louis Soto
_____
(Contact Person)

_____
(Firm/Company)

PO Box 820244
_____
(Address)

Pembroke Pines, Florida 33082
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Louis Soto   908   425-8484
_____ at (_____) _____
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
■ $25 Filing Fee   ☐ $55 Filing Fee & Certified Copy

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                      Tallahassee, FL 32303

CR2E079 (2/14)

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ___Omni Relief LLC_____.

2. The Florida document/registration number assigned to this limited liability company is:

   M19000009060_____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: __April 16, 2020__

4. I, ___Louis Soto_____, hereby withdraw/resign as a
      (Print Name of Person Resigning)

   Member
   _____.
      (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

_____
Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)