

1104000000044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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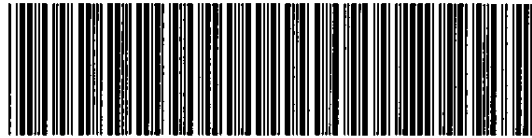
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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[Signature]

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OMEGA ASSOCIATES, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N04000010044

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS C. HARDY

(Name of Person)

OMEGA ASSOCIATES, INC.

(Name of Firm/Company)

706 RADCLIFF AVE.

(Address)

LYNN HAVEN, FL. 32444-3039

(City/State and Zip Code)

For further information concerning this matter, please call:

JANET M. HARDY

at ( 850 ) 265-4914

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, STEVEN M. GERLECZ, DDS, hereby resign as DIRECTOR  
(Title)

of OMEGA ASSOCIATES, INC.  
(Name of Corporation)

N04000010044, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
06 DEC 19 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314