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Requester's Name

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 1 From _____
 Date 9-14-01 _____

2. Sender's Name WE Null Phone 941 767-6725
 Company _____

3. Address 3717 LIBERTY SQUARE Dept./Floor/Suite/Room _____
 City FT MYERS State FL ZIP 33908

4. _____
 (Corporation Name) (Document #)

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 TALLAHASSEE, FLORIDA

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NEW FILINGS

- Profit
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 Limited Liability
 Domestication
 Other

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9-20-01
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AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, William H Null, hereby resign as President
(Title)

of OMNILAN, INC
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

W H Null
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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