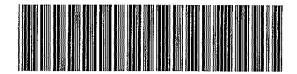
P0500068108

(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



500066727575

U3/U2/U6---01047---015 **35.00

06 HAR -2 AM 7: 29
SECRETARY OF STATE
ORIDO



COVER LETTER

€.

TO: Amendment Section Division of Corporations
SUBJECT: DMEGA ROAD SORVICE (Name of Corporation) DOCUMENT NUMBER: P0500068108
DOCUMENT NUMBER: <u>P0500068108</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICARdo ROSAS (Name of Person)
•
ONEGA 20Ad SERVICE (Name of Firm/Company)
15840 S.R 50 Lot 198 (Address)
CLERNONT FL 34711 (City/State and Zip Code)
For further information concerning this matter, please call:
RICARdo RoTAS at (786) 229-2044 (Name of Person) (Area Code & Daytime Telephone Number)
(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

Auror 💌 💌

1, RICAPDO X	20TAS	_, hereby resign as	lica pr	(Title)	TCK
of OMEGA	Road (Name of Corporat	Service	E, In	1C-	,
050000 6 8 10 (Document Number, if kno		oration organized unde	r the laws of	the State of	
FLORIDA	· -				
		<u> </u>		_	
	(Signature o	resigning officer/director	<u> </u>	OG MAR	71
			,	-2 M SSEE, F	
				M 7:29 FSTATE FLORIDA	O

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