

P05000088716

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

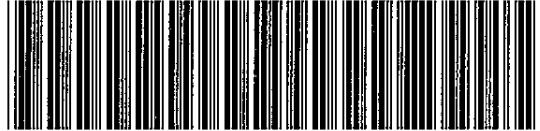
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(Business Entity Name)

\_\_\_\_\_  
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*Resignation  
of  
officer*  
35100

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TALLAHASSEE, FLORIDA

*RR  
8/16/05*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: OMNI PLUMBING SERVICES, INC

DOCUMENT NUMBER: P05000088716

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VERGNIAUD LECONTE  
(Name of Contact Person)  
  
OMNI PLUMBING SERVICES, INC  
(Firm/ Company)  
  
3150 WEST PEMBROKE ROAD SUITE 659 HOLLYWOOD, FL 33009  
(Address)  
  
HOLLYWOOD, FL 33009  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

VERGNIAUD LECONTE at ( 786 ) 290-2624  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SOPIRINYE LONGJOHN, hereby resign as OFFICER/ DIRECTOR  
(Title)

of OMNI PLUMBING SERVICES, INC  
(Name of Corporation)

P05000088716, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

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TALLAHASSEE, FLORIDA

X [Signature]  
(Signature of resigning officer/director)  
LONGJOHN

**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