P16000034224

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #	()	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates o	f Status	
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

AUG | 9 2016

C LEWIS

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Omni-Repairs Inc.
(Name of Corporation) DOCUMENT NUMBER: P16000034224
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Adrian Milian
(Name of Person)
Omni-Repairs Inc.
(Name of Firm/Company)
5201 SW 90th Terrace
(Address)
Cooper City, FL 33328
(City/State and Zip Code)
For further information concerning this matter, please call:
Adrian Milian (Name of Person) at (954) 297-9799 (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.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 AUG - 1 PM 1: 29

, Grant Frasher	, hereby resign as Director
15	(Title)
_{of} Omni-Repairs Inc.	
	Corporation)
P16000034224 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
0	1 1 —
(Sign	apare of resigning officer/director)

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