

P98000069687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

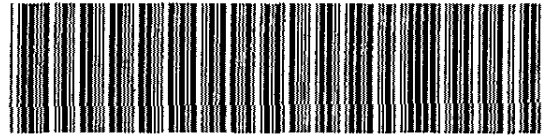
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W 11/30

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Omnimax Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P98000069687

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

Please return all correspondence concerning this matter to the following:

Rolando Gonzalez
(Name of Person)

Omnimax Services, Inc.
(Name of Firm/Company)

4563 S.W. 71 Avenue
(Address)

Miami, FL 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

Rolando Gonzalez at (786) 286-4814
(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:
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**FILED
04 NOV 19 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDAI, Isabel Gonzalez, hereby resign as President / Director
(Title)of Omnimax Services, Inc
(Name of Corporation)P98000069687, a corporation organized under the laws of the State of
(Document Number, if known)
FloridaIsabel Gonzalez
(Signature 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