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(Requestor's Name)	
(Address)	,
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	, i
(Document Number)	,
Certified Copies Certificates of Status	:
Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2018

CHARLES F. MATHIAS PACIFIC REGISTERED AGENTS, INC. P.O. BOX 5040 SALEM, OR 97304-0040

SUBJECT: OMNI CREDIT SERVICES OF FLORIDA, INC.

Ref. Number: P99000034129

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 918A00007891

RECEIVED

18 APR 27 PM 2: 52

SECRETARY OF STATE
SE

COVER LETTER

TO: Amendment Section Division of Corpora		
SUBJECT: Omni Credit S		
	(Name of Corpor	ration)
DOCUMENT NUMBER:	P99000034129	
The enclosed Resignation o	of Registered Agent for a Corp	oration and fee are submitted for filing.
Please return all correspond	dence concerning this matter to	the following:
Charles E Mathias		
Charles F. Mathias	ne of Person)	<u> </u>
(14an)	io or i visony	
Pacific Registered Agent	s, Inc.	
	f Firm/Company)	
P.O. Box 5040		
	Address)	<u> </u>
		
Salem, OR 97304-0040		
(City/Sta	te and Zip Code)	
For further information cor	ncerning this matter, please cal	I:
Charles F. Mathias	at (503	₎ 375-9876
(Name of Pe		ode & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.150	9, or 617.1509,
Florida Statutes, the undersigned, Pacific Registered Agents, Inc.	
(Name of Registered Ag	ent)
hereby resigns as Registered Agent for Omni Credit Services of Florida	a, inc.
(Name of Corporation)
P9900034129	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at it	s last known address.
The agency is terminated and the office discontinued on the 31st day after this statement is filed.	r the date on which
Mm	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	PR 2
Charles F. Mathias	
(Typed or Printed Name)	3
(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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