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COVER LETTER

SUBJECT: Florida Fire Safet LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: David S. Arp (Contact Person) (Firm/Company) 30S Stratford Rd (Address) Englewood FL 34223 (City/State and Zip Code) For further information concerning this matter, please call: David S. Arp at (941) 809-5285 (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS:	TO: Registration Section Division of Corporations	
Flease return all correspondence concerning this matter to: DANID S. ARP	SUBJECT: Florida Fire (Name of Lim	Safety LLC ited Liability Company)
Contact Person		manager resignation and fee(s) are submitted for
(Firm/Company) 305 Stratford Rd (Address) Englewood FL 34223 (City/State and Zip Code) For further information concerning this matter, please call: 1	Please return all correspondence concerning	this matter to:
(Firm/Company) 305 Stratford Rd (Address) Englewood FL 34223 (City/State and Zip Code) For further information concerning this matter, please call: 1	DAVID S. ARP	
Stratford Rd (Address)	(Contact Person)	
Englewood FL 34223 (City/State and Zip Code) For further information concerning this matter, please call: David S. Age at (941) 809-5285	(Firm/Company)	
For further information concerning this matter, please call:	305 Stratford Rd (Address)	· -
For further information concerning this matter, please call:	Englewood, FL 34223	,
Auto 5. Are at (941) 809-5285		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy	_	
\$25 Filing Fee \$Certified Copy	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	· —	\$55 Filing Fee &
STREET/COURIER ADDRESS: MAILING ADDRESS:		Certified Copy
Registration Section Registration Section	•	
Division of Corporations Clifton Building P.O. Box 6327	-	-
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		Tununuosee, Tioniau 52514

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08 OCT 29 AMII: 00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability compa	any as it app	pears on the record	s of the Florida D	epartment
of State is:	Florida Fire	4 Safety	, LLC		·
		•			
2 This limited liah	ility company was orga	anized unde	er the laws of		
	a.		ino invo or.		
1 10110	α .	·			•
3. The Florida docu	ument/registration num	iber of this l	limited liability con	mpany is:	
L06000	008/1035	·			
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4. I, DAVID		,	hereby resign as a	Managing	<u>Member</u>
•	J ,			1	
resignation in wr	bility company and aff	irm the limi	ted liability compa	iny nas been notif	iea oi my
A ·	itilig.				
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Signature of Resi	igning Member, Manag	ging Membe	er or Manager		
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-	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				
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