

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spie Security LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nathaly Magueira
(Contact Person)

(Firm/Company)

2921 SW 98TH CT
(Address)

Miami, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

Nathaly Magueira at (786) 448-1226
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Spie Security LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000173084

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/26/18

4. I, Nathaly Maguiera, hereby withdraw/resign as a

(Print Name of Person Resigning)

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)