# L07000084149

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#### COVER LETTER

**Division of Corporations** SUBJECT: SECURITY ALLIANCE FOR EFFECTIVE SOLUTIONS, 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: HECTOR J. DELGADO (Contact Person) SECURITY ALLIANCE FOR EFFECTIVE SOLUTIONS, LLC (Firm/Company) 14255 US HIGHWAY ONE STE.238 (Address) JUNO BEACH, FL 33408 (City/State and Zip Code) For further information concerning this matter, please call: at (913) 244-4782 (Area Code & Daytime Telephone Number) **ROLF SNYDER** (Name of Contact Person)

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

#### STREET/COURIER ADDRESS:

**✓** \$25 Filing Fee

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

TO: Registration Section

**MAILING ADDRESS:** 

\$55 Filing Fee & Certified Copy

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

CR2E079 (5/06)



January 12, 2010

HECTOR J. DELGADO 14255 US HIGHWAY ONE SUITE 238 JUNO BEACH, FL 33408

SUBJECT: SECURITY ALLIANCE FOR EFFECTIVE SOLUTIONS, LLC

Ref. Number: L07000084149

We have received your document for SECURITY ALLIANCE FOR EFFECTIVE SOLUTIONS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Letter Number: 710A00000831

Neysa Culligan Regulatory Specialist II

Division of Cornerations - P.O. BOX 6327 Tallahassee Florida 32314



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SECRETARY OF STATE FALLAHASSEE, 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 li	ability comp	any as	it appears on	the record	is of the Florida Department
of State is: SH	CURITY	ALLIANCE	FOR	EFFECTIVE	SOLUTI	ONS, LLC
2. This limited liab	ility com	any was org	anized	I under the law	/s of:	
FLORIDA	1			······································		
3. The Florida doc <u>LO70</u>	ument/reg	istration num 3 4 1 4	iber of	f this limited li	ability co	mpany is:
4. I. STEVEN BI	ENKOWSK	I		hereby r	esign as a	MANAGING MEMBER (Print Title)
(Print Name of Person Resigning)				,	-02842 000 0	(Print Title)
of this limited lia resignation in wr Signature of Resi	iting.	centra	low	Li		any has been notified of my
4.8	Provide 1.10	moori manaf	ing iv	COLLEGE OF LANS	19861	
Filing Fee: Certified Copy:	\$25.00 \$30.00	(Required) (Optional)				