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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Spil Security (Name of Limit	ted/Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Nathaly Magueira (Contact Person)	<u>i</u>
(Firm/Company)	
2921 SLU 9874 (Address)	<u>c+</u>
Miami, FL 33/65 (City/State and Zip Code))
For further information concerning this matte	r, please call:
Nathaly Maqueica (Name of Contact Person)	at (786) 448-1226 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

	imited liability company a		ords of the Florida D	epartment
of State is:	pie Security	LLC		
2. The Florida docum	ment/registration number	assigned to this limite	d liability company.is	S:
117000	173084	·		i
3. The date this men	mber/manager withdrew/re	esigned or will withdra	aw/resign is: <u>O1 ∫2</u>	<u>6/18</u>
4. I, Nathaly (Print No	1000	, hereby withdr		·
DI	GR.			
/	Print Title)	the limited lightliss as	manan bankan natif	End of mu
resignation in writ	ility company and aftirm	the filmled flability co	mpany nas been nour	ned or my
Signature of Dis	sociating Member or Resi	igning Manager		
1				
_	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			