

Office Use Only

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name)	(Document #)
2. (Corporation Name)	6000033820766 -09/05/0001119023 (Document#)
3.	(Document #) ******87.50 ******87.50
(Corporation Name)	(Document #)
(Corporation Name)  Walk in Pick up time	(Document #)  Certified Cop  Cop
Mail out Will wait	Photocopy
NEW FILINGS  □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

## RESIGNATION OF REGISTERED AGENT FOR U.S. SECURITY SERVICES CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, **BEY SEDAGHAT**, hereby resigns as Registered Agent for <u>U.S.</u>

SECURITY SERVICES CORPORATION.

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated an the office discontinued on the 31<sup>st</sup> day after the date on which this statement is filed.

Signature of resigning agent

If signing on behalf of an entity:

Typed or printed name

Typed of pringed main

Capacity

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

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