F1000000057

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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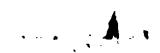
COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: METROPLEX COMMERCIAL FIRE AND S	SECURITY ALARMS, INC.
(Name of Corporat DOCUMENT NUMBER: F1000000057	on)
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
RESIGNATION DEPARTMENT	
(Name of Person)	•
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	
80 STATE STREET	
(Address)	•
ALBANY NY 12207	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
all	433-7018 & Daytime Telephone Number)
(11111111111111111111111111111111111111	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509	, or 617.1509,
Florida Statutes, the undersigned, CORPORATION SERVICE CO)MPANY
(Name of Registered Age	nt)
hereby resigns as Registered Agent forMETROPLEX COMMERCIAL FIRE AND SECU	JRITY ALARMS, INC.
(Name of Corporation)	
F1000000057	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its	last known address.
The agency is terminated and the office discontinued on the 31st day after this statement is filed.	the date on which
(Signature of Resigning Agent)	
(Signature of Resigning Agent)	e 2 8
If signing on behalf of an entity:	2018 NOV
ROBIN MOLT	AAR AAR
(Typed or Printed Name)	
	SE OF
ASST SECRETARY FOR THE AGENT	I: IL
(Capacity)	m +

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314