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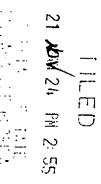
(Requestor's Name)		
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

OFFICER & DIRECTOR RESIGNATIO	PN .
(N	ame of Corporation)
DOCUMENT NUMBER: F18000005687	
The enclosed Officer/Director Resignation for	a Corporation and fee are submitted for filing
Please return all correspondence concerning th	is matter to the following:
DAVID BROWN	
(Name of Person)	
TGI PROTECTION INCORPORATED	
(Name of Firm/Company)	
12555 BISCAYNE BLVD, # 780	
(Address)	
NORTH MIAMI, FL 33181	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
NICK KALANGES	t (916 8127684 (Arca Code & Daytime Telephone Number)
(Name of Person)	(Arca Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to	o the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	SECRETARY/TREASURER, hereby resign as	
,	,yg	(Title)
TGI PROTECTION INCORPORATED of		
(Name of C	Corporation)	,
(Document Number, if known)	, a corporation organized under the laws of the State of	
TEXAS		
Min 1	Lalangs atyre of resigning officer/director)	
, (Sign	ature of resigning officer/director)	
		60 24
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		≅ □
FIL	ING FEE IS \$35.00	

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

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