

(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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S. TALLENT MAY 05 2017

R/A-Rosign

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Covert Security Services, INC. (Name of Corporation)
DOCUMENT NUMBER: P 98000108554 # 5 4050
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Christmas (Name of Person)
(Name of Firm/Company)
6820 Millhopper Rd. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
John Christmas at (352) 375-8584 (Name of Person) at (Area Code & Daytime Telephone Number)
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1	1509,
Florida Statutes, the undersigned, Ohn H. Christmas, VR. (Name of Registered Agent)	
hereby resigns as Registered Agent for Covert Security Services, (Name of Corporation)	INC.
1000000 6559 H 54050 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	1280
	AR 23
(Typed or Printed Name)	8 N
	1.03 1.25 1.25 1.25

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)