

6010000 10306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 Thomas MAR 12 2008

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOTAL ENTERTAINMENT & SECURITY SYSTEM INTEGRATOR, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARC LABOSSIÈRE

(Contact Person)

MARC LABOSSIÈRE PA

(Firm/Company)

1222 NE 4th Avenue Fort Lauderdale Florida 33304

(Address)

FORT LAUDERDALE FL 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

MARC LABOSSIÈRE

(Name of Contact Person)

at ( 954 ) 763-4214

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TOTAL ENTERTAINMENT & SECURITY SYSTEM INTEGRATOR, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L01000010306

4. I, HELENE GUILBAULT, hereby resign as a MANAGER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Helene Guilbault*  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA