Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (650)617-6385 .

From:

Account Name : Ala REGISTERED AGENT INC.

Account Number : 120090000032 Phone : (561)792-2236

Fax Number : (561)202-8082

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LLC REGISTERED AGENT RESIGNATION SKYWAY SECURIT FILE

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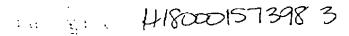
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Help

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Flor	ida Statutes, the undersigned,
A1A REGISTERED AGENT INC.	
Name of Registered Agent	, hereby resigns as
Registered Agent for SKYWAY SECURITY, L	LC
Name of Limited Lia	obility Converse
L03000007100	omy compan
Document Number, if known	
A copy of this resignation was mailed to the above I	isted limited Hability company at its last known address.
The agency is terminated and the office discontinued	d on the 31st day after the date on which this statement is filed
If signing on behalf of an entity:	ture of Resigning Agent
TINA MAKI	
Typed or	Printed Name
PRESIDENT	
Сара	•
	Ka 194
\$ 25.00 Adm	ve limited liability company inistratively dissolved/so indistratively dissolved/ voluntarily dissolved/so indrawn limited liability company
Divisio	lorida Department of State and mail to:
	P.O. Box 6327 hassee, FL 32 ³ 14
	;
INHS17 (2/14)	

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