

**LO300007100**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AIA REGISTERED AGENT INC.  
Account Number : 120090000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-6082

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
SKYWAY SECURITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

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DEPARTMENT OF  
DIVISION OF CORP.  
TALLAHASSEE, FL

2018 MAY 22 AM 10:59

7:13 PM

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

A1A REGISTERED AGENT INC.

Name of Registered Agent

hereby resigns as

Registered Agent for SKYWAY SECURITY, LLC

Name of Limited Liability Company

L03000007100

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

TINA MAKI

Typed or Printed Name

PRESIDENT

Capacity

### FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

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

2018 MAY 23 AM 5:59

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