

LD3000042243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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09 DEC 28 AM 8:07

**STATE COURT OF FLORIDA
TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2009

WILLIAM A. LOPEZ
BUENA VISTA SECURITY AND PROTECTION AGEN
4300 BISCAYNE BLVD., SUITE 301
MIAMI, FL 33137

SUBJECT: BUENA VISTA SECURITY AND PROTECTION AGENCY LLC
Ref. Number: L03000042243

We have received your document for BUENA VISTA SECURITY AND PROTECTION AGENCY LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE DOCUMENT SUBMITTED IS FOR THE RESIGNATION OF A REGISTERED AGENT. WILLIAM LOPEZ IS NOT THE REGISTERED AGENT BUT HE IS MANAGER/MEMBER. PLEASE RESUBMIT USING THE ENCLOSED FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 309A00038415

*Completed see, Attached
form you provided!*

*thank you!
William Lopez*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUENA VISTA SECURITY AND PROTECTION AGENCY 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:

William A. LOPEZ
(Contact Person)

BUENA VISTA SECURITY and PROTECTION AGENCY LLC
(Firm/Company)

4300 BISCAYNE BLVD. SUITE 301
(Address)

Miami, Florida
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis G. Soto at (305) 393-0159
(Name of Contact Person) (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

FILED
09 DEC 28 AM 8:12
SECRETARY OF STATE
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: BUENA VISTA SECURITY AND PROTECTION AGENCY 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:
603000042243

4. I, William A. Lopez, hereby resign as a MANAGER / Member
(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.

[Signature]
Signature of Resigning Member, Managing Member or Manager

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

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TALLAHASSEE FLORIDA