L04000047983

•	
(F	Requestor's Name)
(A)	Address)
4)	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
([Document Number)
Certified Copies	Certificates of Status
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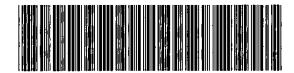
Special Instructions to Filing Officer:

A. LUNT

APR - 5 2010

EXAMINER

Office Use Only



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2010 APR -2 PM 2: 4:

FILED

COVER LETTER

Division of Corporations
SUBJECT: SECORE TRACKING SYSTEMS, 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:
(Contact Person)
SECURE TRACKING SYSTEMS, W.C. PRETAR - 2
(Address) WOSTW, FIRSTA 33326 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 647-6453 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records		la Departmen	nt
2. This limited liabi	lity company was organi			2010 APR -2 PM	
	ment/registration numbe 4000042983	r of this limited liability con	npany is:	LORIDA STATE	Ö
4. I, <u>POV</u> (Print No.	SCHARP ume of Person Resigning)	, hereby resign as a	MAUAS (Print	IX KLM Title)	LOOK!
of this limited liab	ility company and affirm	the limited liability compar			
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)				