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(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	÷#)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Protection Engineering Ins	stallations, LLC
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Men	nber or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Joseph M. Landolfi, Jr., Esq. (Name of Person)	
Rutherford Mulhall, P.A. (Firm/Company)	Z005 DEC
2600 N. Military Trail, 4th Floor	2005 DEC -2 PM 2: 30 PALLAHASSEE, FLORIDA
Boca Raton, FL 33431 (City/State and Zip Code)	JRIDA DRIDA
For further information concerning this matter, please	call:
Joseph M. Landolfi, Jr. at (Name of Person)	561 241-1600 Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
▼\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Daniel Kosarin	, hereby resign as Manager		
	(Title)		
of Protection Engineering Installations,	LLC		
(Limited Liabil	ity Company)		
a limited liability company organized under the law	ws of the State of Florida		
and affirm that the limited liability company has been notified in writing of the resignation.			
(Signature of resigning manager, managing member or member)			
	ZOO:		
	2005 DE		
	F. C.		
	SEE M		

FILING FEE IS \$25.00

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