(Requ	estor's Name	
(Addre	ess)	
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(City/S	state/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
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(Docu	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	
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COVER LETTER

.g. security consultants, LLC. Dear Sir or Madam: The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Natalle Orriols OFFICE of RICHARD KONDIA SW 137 aut # 216 For further information concerning this matter, please call: Orriols. at (305) 244.524 (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS:

> Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

\$55 Filing Fee &

Certified Copy

CR2E079 (8/05)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

■\$25 Filing Fee

TO:

Registration Section
Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Natale Orriols, hereby resign as managing Member
of C-g. Security Consultants, LLC. (Limited Liability Company)
a limited liability company organized under the laws 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)

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

SECRETARY OF SIAIL
DIVISION OF CORPORATIO