# L05000121548

GRACE DELLA (Requestor's Name)		
(Requestor's Name)  1465 NE 13844 STRECT (Address)		
N, Miahi, FL 33161 (Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name) (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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04/09/09--01003--004 \*\*55.00

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SECRETARY OF STATE
AFFARMASSEE TUBBLE

**S. HAWKES**APR - 9 2009

**EXAMINER** 





March 5, 2009

GRACE DELLA 1465 NE 138TH STREET NORTH MIAMI, FL 33161

SUBJECT: E-SECURE, LLC Ref. Number: L05000121548

We have received your document for E-SECURE, LLC and check(s) totaling \$55.00. However, your check(s) and document are being returned for the following:

Your check is filled out incomplete please correct and send back to my attention.

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) 245-6955.

Letter Number: 609A00005100

Suzanne Hawkes Regulatory Specialist II



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2009

GRACE DELLA 1465 NE 138TH STREET NORTH MIAMI, FL 33161

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Letter Number: 609A00005100

Suzanne Hawkes Regulatory Specialist II



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2009

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Suzanne Hawkes Regulatory Specialist II

Letter Number: 609A00005100

#### **COVER LETTER**

TO: Registration Section	,
Division of Corporations	•
•	
SUBJECT: E-SECURE, LLC	· .
(Name of Limited Liability	(Company)
(Name of Limited Liability	Company)
The enclosed member, managing member or manager r filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	· to:
Grace Della	
(Contact Person)	
E-SECURE, LLC	
(Firm/Company)	
1465 NE 138th Street	
(Address)	<del></del>
·	
North Miami, Florida 33161	
(City/State and Zip Code)	<del></del>
(21), 2 21, 2 34,	
For further information concerning this matter, please c	all:
Grace Della at ( 786	) 942-8856
	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric	
\$25 Filing Fee	\$55 Filing Fee &
<del>_</del>	Certified Copy
CERTIFICATION AND THE	, .
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
i dilailassee, I lorida 32301	

CR2E079 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	he limited liability company as SECURE, LLC	it appears on the records of the Florida Department.
2. This limited line State of Flo	ability company was organized	l under the laws of:
	ocument/registration number o	f this limited liability company is:
4. I, Grace Dell	a nt Name of Person Resigning)	, hereby resign as a MGRM (Print Title)
	liability company and affirm th	e limited liability company has been notified of my
Signature of R	esigning Member, Managing N	1ember or Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)