LD6000040097

(Requestor's Name)			
(Address)			
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TALLAHASSEE, FLORIDA

C. LEWIS

SEP 1 5 2009

EXAMINER

COVER LETTER

ETTECTIVE 1/5/2009

TO: Registration Section Division of Corporations

SUBJECT: CHOICE SECULITY SYSTEMS
(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:

CHRISTIAN KRATTER
(Contact Person)
EN N/A
(Firm/Company)
1 CAMMACK DRIVE
(Address)
MAITLAND FC 32751
(City/State and Zip Code)

For further information concerning this matter, please call:

TIM SNYDEN at (BY) 394-5333

(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 \$
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

CR2E079 (5/06)



FILED

2009 SEP 14 PM 3: 18

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:	CHOICE SECURI	TY SYSTEMS, LLC	
	ility company was organized	under the laws of:	
10	6000040097	this limited liability company is:	
	AN T. (GUS) KRATTL ame of Person Resigning)	hereby resign as a OWNER / PRESIDENT (Print Title)	
of this limited liab resignation in wri		e limited liability company has been notified of my	
Signature of Resigning Member, Managing Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	NEW ADDRESS CHOICE SECURITY SYSTEMS 3026 LAKEWOOD DR.	
		3026 LAKELLOOD DR.	
CR2E079 (5/06)		WESTON FL 33332	
	TEL	: 954-384-5333	