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SECRETARY OF STATE TALL AHASSEE, FLORIDA

### **COVER LETTER**

Division of Corporations			
SUBJECT: Complete Security Solutions			
(Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LE Kang Name of Person			
(Name of Person)			
Complete Secopity Solutions (Firm/Company)			
2/799 NEIITHAUR (Address)			
(Address)			
OAKIAND PK, FL, 33339 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Le Kawa at (754) 3030536  (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) . (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)			

### MAILING ADDRESS:

Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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