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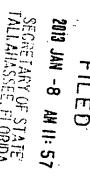
i.	•			
(Re	equestor's Name)			
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COVER LETTER

Registration Section TO: Division of Corporations

All Cabling Security & Fire, LLC

(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:

Jodi Harrison

(Contact Person)

All Cabling Security & Fire, LLC

(Firm/Company)

1052 Montgomery Rd, #1069

(Address)

Altamonte Springs, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

Jodi Harrison

(Name of Contact Person)

 $at (\underbrace{407}_{\text{(Area Code & Daytime Telephone Number)}} \underbrace{389\text{-}6201}_{\text{(Area Fode & Daytime Telephone Number)}}$

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Cabling Security & Fire	s it appears on the records o	of the Florida Dep	oartment
2. This limited liab Florida	ility company was organize	under the laws of:		SECRET
3. The Florida doct L07000580	•	of this limited liability comp	oany is:	ASSEE, FLOR
4. I, David Brow	'n	, hereby resign as a N	/JGRM	DA IE
(Print N	ame of Person Resigning)		(Print Title)	
of this limited lia resignation in wr		he limited liability company	has been notifie	d of my
Signature of Resi	gning Member, Managing N	Member or Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			