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(Re	equestor's Name)	
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M. THOMAS

DEC 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FIRE SAFETY CONSULTING GROUP, "CLC" (Name of Limited Liability Company)			
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for		
Please return all correspondence concerning this m	natter to:		
TAMES MEGHA (Contact Person)			
(Contact Person)	 		
FIRE SAFGTY COASULTIAG GRA (Firm/Company)	TALLAHASSEE, FLORID		
120 E. OAKLATUS PARK BLUIS, SU (Address)			
FT. LAUSISEDAUF, FL 33334 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·		
For further information concerning this matter, ple	ase call: `		
TAMES MEGILA at ((Name of Contact Person) (A	954) 803 - 4046 rea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the l	Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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

1. The name of the limited liability company as it a of State is: FIRE SAFETY COHSULTIN	` -
2. This limited liability company was organized und	EC 30
3. The Florida document/registration number of this LO70000 86702	s limited liability company is:
4. I, SIENNA MEGNA (Print Name of Person Resigning) of this limited liability company and affirm the lir resignation in writing. James Me	TONA MANUAGING MIGMRIN
Signature of Resigning Member, Managing Mem Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	ber or Manager