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Office Use Only



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Ó**9 DEC -4 PM 8:** SECRETAGN OF ST ALLAHASSEE FLOI

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

CR2E079 (5/06)

DEDENDARI E SOLI	NDS & ALARMS, LLC
30B3EC1:	Limited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
DERRICK HERON	
(Contact Person)	
DEPENDABLE SOUNDS & AL	ARMS, LLC
(Firm/Company)	
3819 HEIRLOOM ROSE PL	
(Address)	
OVIEDO, FL 32766	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
DERRICK HERON	at ( 407 ) 448-2306
(Name of Contact Person)	at ( 407 ) 448-2306 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	le to the Flor <u>ida</u> Department of State for:
\$25 Filing Fee	\$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 32314
Tallahassee, Florida 32301	



## 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 PENDABLE SOUNDS		the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu L07000114	nment/registration number of 1519	this limited liability compa 	any is:
4. I. DERRICK HERON		, hereby resign as a M	IGR
	ame of Person Resigning) pility company and affirm the		(Print Litte)
Signature of Resi	gning Member, Managing M	ember or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)

OP DEC -4 PH 8: 23