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THE TOWN OF CORPORATION

J. BRYAN

NOV 2 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DVS PROFESS (Name of Limit	ONAL SECURITY SE ted Liability Company)	<u> WIES</u> LLC
The enclosed member, managing member or filing.	manager resignation and fee(s) are	submitted for
Please return all correspondence concerning t	his matter to:	
BEN H. MookE (Contact Person)		
(Contact Person)	.	. AON 80
(Firm/Company)		. 12
720 N. MATTLAWD (Address)	AVE #105	08 NOV 21 AM 11: 26
MATTLAND FL (City/State and Zip Code)	32751	J.
For further information concerning this matte	r, please call:	
(Name of Contact Person)	at (467) L44-3116 (Area Code & Daytime Telephone	e Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State to \$55 Filing Fee & Certified Copy	for:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	n ations

Tallahassee, Florida 32301

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 nar	name of the limited liability company as it appears on the records of the Florida Department							
of State	e is:	1115	PROFESSIONAL	L JE	LURITY	DERVICES	LLC.	
	-	ity company FWMI	was organized un	der the la 	ws of:		08 NOT 21 MAIL: 26	
3. The Flo	rida docui		ntion number of thi	s limited	liability com	npany is:	MAI1: 26	
4. I,	(Print Na	Me of Person I		_, hereby	resign as a	MCRM (Print Title)		
	mited liab ion in writ	•	y and affirm the li	mited liab	oility compai	ny has been notifi	ed of my	
Signatur	re of Resig	ning Memb	er, Managing Mem	ber or Ma	91,08 anager			
Filing Fee Certified (\$25.00 (R \$30.00 (C	•					