

LO8000038353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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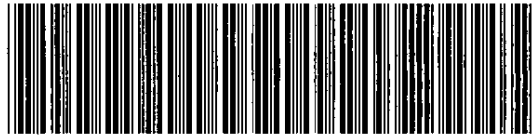
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Thurs  
1-20-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA SECURITY TEAM LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LO8000038353

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY L LANDRUM  
Name of Person

FLORIDA SECURITY TEAM  
Name of Firm/Company

16141 EAST BRIGHTON DRIVE  
Address

LOXAHATCHEE FL 33470  
City/State and Zip Code

JLANDRUM@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY L LANDRUM at (561) 827-4218  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LANDRUM, JERRY L, hereby resigns as  
Name of Registered Agent

Registered Agent for FLORIDA SECURITY TEAM LLC

● LICENSE NUMBER: B2800139  
Name of Limited Liability Company

L08000038353  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Jerry L Landrum  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### FILING FEES:

→ \$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2008 JUN 11 AM 11:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE