

- LO8000038353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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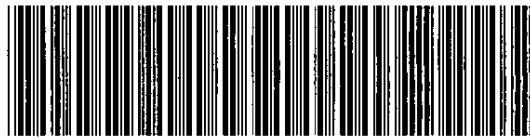
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Tewks  
1-20-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** LOG000038353

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

JERRYLANDRUM0 GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY L LANDRUM

Name of Person

at (561) 827-4218

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
FILED