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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duninger Fuhls Name)				
(Business Entity Name).				
(Document Number)				
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D. BRUCE

AUG 17 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: CFF FIED ONSCENE (Name of Limited)	Protection & Security, LLC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
John Poh (Contact Person)	
CELL-CEA ONSCENT POR	station of Socurity, LCC
619 TE/CANDO	AC S
Brandon, F-C (City/State and Zip Code)	33510 EEE T
For further information concerning this matter,	please call:
Name of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
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

	limited liability company as		
2. This limited liab	ility company was organized		·
3. The Florida docu	ment/registration number of	this limited liability comp	any is:
4. I, KAFA	ame of Person Resigning)	, hereby resign as a	MANAGET (Print Tille)
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability company	has been notified of my
Kalule	on MPAQ		
Signature of Resi	gning Member, Managing M	ember or Manager	O9 TALLA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AUG 14 TETARY HASSE

CR2E079 (5/06)