## 109000069888

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)	-			
(50					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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SECRETARY OF STATE

J. BRYAN

AUG 23 2011

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations				
closed member, managing member	or manager resignation and fee(s) are submitt	ted for		
return all correspondence concernin	ng this matter to:			
ph K. Lamb, Jr. (Contact Person)	<del></del>			
ho Security Services, LLC (Pirm/Company)		<b></b> .	_ <u>_</u>	
1 Racetrack Road (Address)	·	ECRETA	1 AUG 2	7
ita Springs FL 34138 (City/State and Zip Code)		RY OF ST	2 PH :	FU
ther information concerning this ma	atter, please call:	がいた。	2	
seph K. Lamb (Name of Contact Person)	at ( 239 ) 949-9200 (Area Code & Daytime Telephone Number	<del></del>		
ed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy			
ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle ssee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Division of Corporations  CCT: Jericho Security Services (Name of Lelosed member, managing member return all correspondence concerning the Lamb, Jr.  (Contact Person)  Ho Security Services, LLC (Pirm/Company)  I Racetrack Road (Address)  Ita Springs FL 34138 (City/State and Zip Code)  The information concerning this measure for the contact Person)  In the contact Person (Name of Contact Person)  The contact Person (Name of	Division of Corporations  CCT:	Division of Corporations  CCT: Jericho Security Services, LLC (Name of Limited Liability Company)  closed member, managing member or manager resignation and fee(s) are submitted for return all correspondence concerning this matter to:  ph K. Lamb, Jr. (Contact Person)  the Security Services, LLC (Firm/Company)  1 Racetrack Road (Address)  1 Racetrack Road (City/State and Zip Code)  ther information concerning this matter, please call:  1 Reph K. Lamb (City/State and Zip Code) (Name of Contact Person)  1 Reph K. Lamb (Name of Contact Person) (Area Code & Daytime Telephone Number)  1 Reph K. Lamb (Name of Contact Person) (Area Code & Daytime Telephone Number)  1 Reph K. Lamb (Name of Contact Person) (Area Code & Daytime Telephone Number)  2 Spring Fee (Certified Copy  3 Spring Fee & Certified Copy  CT/COURIER ADDRESS:  3 MAILING ADDRESS:  3 Registration Section Division of Corporations Building (P.O. Box 6327 Tallahassee, Florida 32314	Division of Corporations  CCT: Jericho Security Services, LLC  (Name of Limited Liability Company)  closed member, managing member or manager resignation and fee(s) are submitted for return all correspondence concerning this matter to:  ph K. Lamb. Jr.  (Contact Person)  the Security Services, LLC  (Firm/Company)  1 Racetrack Road  (Address)  (City/State and Zip Code)  ther information concerning this matter, please call:  (City/State and Zip Code)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  at (239 ) 949-9200  (Area Code & Daytime Telephone Number)  at please find a check made payable to the Florida Department of State for:  (S25 Filing Fee

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		s it appears on the records of	the Florida Department
of State is:	ericho Security Services	S, LLC	•
2. This limited liab	oility company was organized	d under the laws of:	
Florida		•	
3. The Florida doc	ument/registration number o	f this limited liability compar	ıy is:
L09000069	9888	······································	
I. I, Bethany I		, hereby resign as a <u>M</u>	
•	lame of Person Resigning)		(Print Title)
resignation in wr	bility company and affirm th	e limited liability company h	as been notified of my
<b></b>	8		
B	thank Samb		<u> </u>
Signature of Res	igning Member, Managing M	Member or Manager	ECR.
			AUG 22 CRETARY
			%
iling Fee:	\$25.00 (Required)		( <sup>#</sup> 유 그 <b>일</b> (
Certified Copy:	\$30.00 (Optional)		Gy = (