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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
AUG 3 0 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Shomere Security Consumo (Name of Limited Liability Consumo C	ITAMS (1C.			
The enclosed member, managing member or manager res filing.	ignation and fee(s) are subm	itted for		
Please return all correspondence concerning this matter to	:			
Ectan Squire (Contact Person)				
Shomere Security Consultants LCC (Firm/Company)	_			
5728 Major Blud, suite 225 (Address)		SECRETARY OF STATE TALLAHASSEE, FLORIDA	11 AUG	### T
Orlando, Florida 32819 (City/State and Zip Code)		NRY OF SSEE.	29 PH	[[]
For further information concerning this matter, please cal		STATE	د و	O
(Name of Contact Person) at (407	345-0111			
(Name of Contact Person) (Area Coc	le & Daytime Telephone Numb	er)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li	mited liability company as it appears on the records o	of the Florida Departme	nt
of State is: Sh	omere Security Consultants LCC		هشد.
	ty company was organized under the laws of:	ECRETARY O	11 AUG 29 FM
3. The Florida docum	nent/registration number of this limited liability comp	OF STATE E. FLORIDA	£ (
of this limited liabil	ne of Person Resigning) lity company and affirm the limited liability company	ŕ	ıy
resignation in writi	ng. Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		