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	(Req	uestor's N	lame)			
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Office Use Only

G. MCLEOD

SEP 25 2009

EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section		
Division of Corporation	ons	
SUBJECT: Mac Surveillan	ice Svstems, LLC	
SUBSECT.	(Name of Limited Liability	y Company)
The enclosed member, manag filing.	ging member or manager i	resignation and fee(s) are submitted for
Please return all corresponder	nce concerning this matter	r to:
Gunnar Christensen		
(Contact	Person)	
Mac Surveillance Sytems, I	LLC	
(Firm/Co	mpany)	
PO Box 1475		
(Addre	ess)	
Jupiter, FL 33468		
(City/State a	nd Zip Code)	
For further information conce	erning this matter, please of	call:
Gunnar Christensen	at (561	₎ 747-2302
(Name of Contact Pe	erson) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check \$25 Filing I		da Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDI	RESS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	;	rananassee, Pionua 32314

CR2E079 (5/06)

TO:



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 Mac Surveillan			artment
2. This limited liab	oility company was organized	i under the laws of:		
	ument/registration number of	f this limited liability comp	oany is:	
	COCKTILL Jame of Person Resigning)	, hereby resign as a	MGRM (Print Title)	 -
,	bility company and affirm th		•	l of my
Chett.	Cockill	9-21-0	09 -	
Signature of Resi	igning Member, Managing N	dember or Manager		م کر
	:			SECRETAF VISION OF 19 SEP 24
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)	,		
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CD 20/20 (6/04)	•			J. O
CR2E079 (5/06)	:			a pla