## 1090W8352

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K. SALY SEP - 1 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: Signature Security Services (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jason Nos 1 (Contact Person)
Signature Security, Services (Firm/Company)
200 1 Avr. N Suite 206 (Address)
St Petroberg FL 33701 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 773-6787  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: 5	ignature Security Gervices.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L09001	xx 88 35 2
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 3-21-17
4.1. Walter (Print N	hereby withdraw/resign as a me of Person Resigning).
Assistant 1	Nember (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	Ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)