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COVER LETTER

TO: Registration Section Division of Corporations				
A.1 Confidential Investig	ation IIC			
SUBJECT: A-1 Confidential Investigation LLC (Name of Limited 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:			
Julia LaShure				
(Contact Person)				
A-1 Confidential Investigation LLC				
(Firm/Company)				
7612 NW 71st Ave				
· (Address)				
Tamarac, FL 33321-5113				
(City/State and Zip Code)				
For further information concerning this matter,	please call:			
Julia LaShure	, 954 ₎ 724-4818			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to t				
√ \$25 Filing Fee	Certified Copy			
STREET/COURIER ADDRESS:	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, rionua 32314			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Confidential Investig		of the Florida Department
	oility company was organized partment of State	l under the laws of:	
3. The Florida doc L1000000	ument/registration number of	f this limited liability con	npany is:
4. I, John Man	testa	, hereby resign as a	Manager
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability compar	ny has been notified of my
Signature of Res	igning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		