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| (Re | equestor's Name) | |
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| | (deac) | |
| (AC | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

Division of Corporations SUBJECT: Blue Diamond Security L.L.C. Name of Limited Liability Company DOCUMENT NUMBER: L10000015223 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd. 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 773-0888 x3951 Kasandra Lund Name of Person Enclosed is a check made payable to the Florida Department of State for \$85,00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis | ions of section 605.0115. Florida Statutes, the undersigned, | | |
|------------------------|---|---|---------|
| United States Co | rporation Agents, Inc. , hereby r | oriane ne | |
| | Name of Registered Agent | corgno da | |
| Registered Agent for | Blue Diamond Security L.L.C. | | |
| | Name of Limited Liability Company | | |
| L10000015223 | | | |
| Document | Number, if known | | |
| A copy of this resign: | ation was mailed to the above listed limited liability company | at its last known address. | |
| The agency is termina | sted and the office discontinued on the 31st day after the date | on which this statement is tile | ed. |
| H'signing on behalf o | Can entity: | . 20 | |
| | Cheyenne Moseley | 2020 HAR 2020 HAR ANT SIGNI | 7 |
| | Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. Capacity | IAR -2 PH ARTHENI OF ON OF CORPO CAHASSEE.F | |
| | | 1.8 STA | المسيحا |

Make checks payable to Florida Department of State and mail to:

Active limited liability company

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

> Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314