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(Requestor's Name)										
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PICK-UP WAIT MAIL										
(Business Entity Name)										
(Document Number)										
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FALLAHASSEE, FLORINA

B. BOSTICK

JAN 2 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ryan Randolph Wheeler
(Contact Person)

505 Visual Security, LLC.

(Firm/Company)

1490 Casey Ln.

Port Orange, FL 32129

For further information concerning this matter, please call:

Ryan R. Wheeler

(Name of Contact Person)

at (386) 852 - 8761

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

X \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

Ι.	The name of	the	limited	liability	company	as it	. appears	on the	records	of the	Florida	Department
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of State is: SOS VISUAL SECURITY, LLC

2. This limited liability company was organized under the laws of:

The State of Florida

3. The Florida document/registration number of this limited liability company is:

L 10000049745

4. l,

Ryan R. Wheeler . hereby resign as a Managing Member / Co-Owner (Print Name of Person Resigning) . (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

01/10/2011

Signature of Kesigning Member, Managing Member or Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)