

L10000066171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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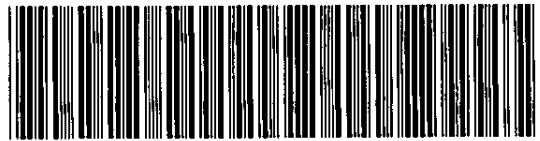
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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FEB 21 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southeast Monitoring Solutions, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000066171

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:

William Clark

Name of Person

Southeast Monitoring Solutions, LLC

Name of Firm/Company

12233 N Florida Ave Suite 201

Address

Tampa, FL 33612

City/State and Zip Code

scramxfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Clark

Name of Person

at (

813

) Area Code

3619745

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Linda C Clark

, hereby resigns as

Name of Registered Agent

Registered Agent for Southeast Monitoring Solutions, LLC

Name of Limited Liability Company

L10000066171

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Linda C Clark

Typed or Printed Name

Registered Agent

Capacity

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 FEB 20 AM 9:28

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314