L10000066704

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300184201303

300184201303 08/18/10--01013--023 **25.00

FILED

10 AUG 18 PM 12: 14

SECKETASSEE, FLORIDA

J. BRYAN

AUG 1 9 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WORLD WIDE SECURITY SOLUTION, LLC (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:
Alex F. Chang (Contact Person) Worldwide Security Solutions LLC. (Firm/Company) 10215 Sw 24 Street (Address) Miranna & Florida 33027 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 639-6363 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company					
	ility company was organi	·				
	ument/registration numbe	r of this limited liab	ility company	is:		
(Print N of this limited liab	ame of Person Resigning) bility company and affirm			(Print Title)	ed of	— my
resignation in wr	gning Member, Managin	g Member or Manas	<u> </u>	SEC T ALL	5	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			RETAKT OF STATE .AHASSEE, FLORID	AUG 18 PH 12: 11	FILED