611000026423

(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



300209123483

06/24/11--01006--010 **25.00

2011 JUN 24 AH 8: 15

J. SAULSBERRY EXAMINER

JUN 2 7 2011

COVER LETTER

Division of Corporations	
SUBJECT: ASE SECURITY GROUP	·
(Name of Limited I	Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
EDUARDO DIEPPA III	
(Contact Person)	TAE
DIEPPA LAW FIRM P.A.	
(Firm/Company)	W 24 VSSE
2095 WEST 76 STREET	
(Address)	8: ORI
HIALEAH FL 33016	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
EDUARDO DIEPPA III at (305 826-8266
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

1. The name of the limited liability company as it ap of State is: ASE SECURITY GROUP		of the Floridat De	partment
2. This limited liability company was organized und FLORIDA	er the laws of:	ETARY:GF STATE	UN 24 AM 8: 15
3. The Florida document/registration number of this L11000026423	limited liability con	npany is:	Oi
4. I, FELIX VELOSO (Print Name of Person Resigning)	, hereby resign as a	MANAGING (Print Title)	MEMBER
of this limited liability company and affirm the limited liability company and affirm the liability company and affirm the liability company and		` ,	d of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			