

L11000032503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

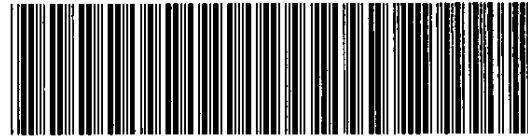
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JUL - 7 2011

EXAMINER



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FILED  
11 JUL - 6 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Special Operations Protection & Investigation, 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:

Stephen L. Cohen

(Contact Person)

Special Operations Protection & Investigation, LLC

(Firm/Company)

101 N. Ocean Drive, Suite 131

(Address)

Hollywood, Florida 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen L. Cohen

(Name of Contact Person)

at ( 903 ) 705-1685

(Area Code & Daytime Telephone Number)

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

☐

\$25 Filing Fee

☒

\$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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

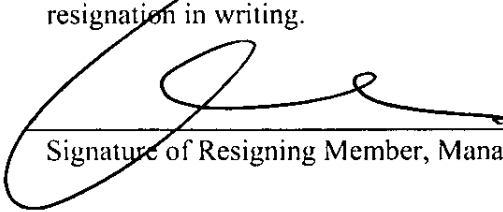
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Special Operations Protection & investigation, LLC

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

3. The Florida document/registration number of this limited liability company is:  
L11000032503

4. I, Augustin J. Castrello, hereby resign as a Partner / MGRM  
*(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.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
11 JUL -6 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Augustin J. Castrello  
1020 Jefferson Ave. Apt 3  
Miami Beach fl 33139

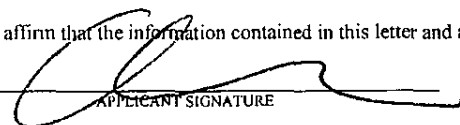
May 23, 2011

Department of Agriculture and Consumer Services  
Division of Licensing  
Post Office Box 6687  
Tallahassee, Florida 32314-6687  
Phone: (850) 245-5500

To whom it may concern,

I, Augustin J. Castrello holding the title of "Partner/MGRM" of Special Operations Protection & Investigation LLC with an office address of 101 N. Ocean Drive, Suite 131 Hollywood, FL 33019 hereby resign effective May 23 rd 2011, relinquishing all shares, rights, responsibilities, liabilities, and interests in the corporation.

I affirm that the information contained in this letter and all attachments I have submitted to be true and correct to the best of my knowledge.

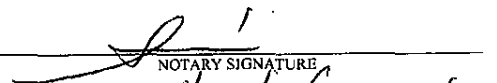
  
APPLICANT SIGNATURE

06-09-11  
DATE SIGNED

STATE OF FLORIDA  
COUNTY OF C236-010-74-249-0

The foregoing application was sworn to (or affirmed) and subscribed before me this 9 day of June, 20 11, by:

Augustin Castrello  
PRINT NAME OF APPLICANT

  
NOTARY SIGNATURE  
Yisel Gonzalez  
PRINT, TYPE, OR STAMP NAME OF NOTARY

Personally Known    Produced Identification    Type of Identification Produced \_\_\_\_\_

