1110000041343

(Requestor's Name)
(Address)
, (Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
DEC 20 2011
EXAMINER
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12/16/11--01043--003 **25.00



COVER LETTER

Division of Corporations	
SUBJECT: ID SENTRY, LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
LINDA REIMER	
(Contact Person)	
C/O ID SENTRY, LLC	
(Firm/Company)	E AH
13046 RACE TRACK ROAD SUITE 199	ASS.
(Address)	
TAMPA, FLORIDA:33626	AM IQ
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
LINDA REIMER at (727	7 ₎ 808-5719
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	la Department of State for:
\$25 Filing Fee	\$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 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap SENTRY, LLC	opears on the records of the Flo	rida Departme	ent
2. This limited liab FLORIDA	ility company was organized und	ler the laws of:	20 FI DEC 16 SECRETAR TALLAHASS	دات
3. The Florida docu L11000041	ment/registration number of this	limited liability company is:	C 16 AM IO	では、
4. I, JOHN J DI	UTCHAK ame of Person Resigning)	, hereby resign as a MGMR		_
•	pility company and affirm the lim	(27)	m ime,	ıy
Miller	T			
Signature of Resi	gning Member, Managing Memb	er or Manager		
Filing Fee:	\$25.00 (Required)			