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| (Re | questor's Name) | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE

J. BRYAN

DEC 26 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: RAP Alarms 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: |
| Pawel Spychala (Contact Person) Fig. 7 |
| RAP Alarris, LLC (Firm/Company) |
| RLP Alarres, LLC (Firm/Company) 1700 North Dixie Highway, Suik 125 From Reserved Boca Rator, PL 33432 (City/State and Zip Code) |
| Boca Rator, FL 33432 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Pawel Spychala at (561) 716-6496 (Name of Contact Person) (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 Registration Section Registration Section |

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Division of Corporations
P.O. Box 6327
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 lin of State is: | mited liability compan | y as it appears or | | the Florida Dep | artment |
|--|--|--------------------|------------------|-------------------------------|------------|
| 2. This limited liabili | ity company was organ | ized under the la | ws of: | LECRE TARY OF FLEATHASSEE, FL | TIEC 21 PH |
| 3. The Florida docum | nent/registration number 000/36425 | er of this limited | liability compar | ny is: | r. 27 |
| 4. I, Reprint Nam | A Craylous ne of Person Resigning) | , hereby | / resign as a | MGR (Print Title) | <u>M</u> |
| of this limited liabil resignation in writi | lity company and affirm | n the limited liab | oility company h | nas been notified | d of my |
| Signature of Resign | hing Member, Managir | ng Member or M | anager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |