Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052

Phone : (850)656-7956

Fax Number

: (850)656-7953

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

> REGISTERED AGENT RESIGNATION ADKON SECURITY CONSULTING, LLC

MAY 20 2014

R. WHITE

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TO:

Registration Section Division of Corporations

•:

COVER LETTER

(((H14000118105 3)))

	of Limited Liabilit	y Company
DOCUMENT NUMBER: L130000453	TO .	
The enclosed Resignation of Registered A for filing.	agent for a Limite	ed Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to	the following:
EDIE WHITEBREAD		
Name of Person		- ,
INCORPORATING SERVICES, LTD.		
Name of Firm/Company		_
3500 SOUTH DUPONT HIGHWAY		
Address		_
DOVER, DE 19901		
City/State and Zip Code		_
E-mail address: (to be used for future annua	report notification)	_
For further information concerning this m	atter, please call:	
Edie Whitebread	at (302	531-0855 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

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

INHS17 (2/14)

41.

(((H14000118105 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011:	5, Florida Statutes, the unde	rsigned,			
INCORPORATING SERVICES, LTD. Name of Registered Agent			, hereby resigns as			
			,			
Registered Agent for	ADKON SECURIT	Y CONSULTING, LLC				
	Name of Lim	ited Liability Company				
L13000045316						
Document ?	Number, if known					
A copy of this resignat	ion was mailed to the a	above listed limited liability	company at its last kr	own addre	:SS.	
The agency is terminat	ted and the office disco	ntinued on the 31st day afte	r the date on which th	is stateme	at is file	ed.
	_Jm	Signature of Resigning Agent	<u> </u>	Eσ		
If signing on behalf of	an entity:				Ţ.	
	Amy Balke				3.	· []
	T	yped or Printed Name		Gri-	a.	
	Assistance Secr	etary		€ *1	jr 4	111 17
		Capacity			ය. මූ	*** *
	<u>FILING</u> \$ 85.00	FEES: Active limited liability co	ompany		C.,	
	\$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily dissol ity company	ved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL 32314

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