

L13000054383

(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



000278222120

L13-54383  
Res. of RA

11/09/15--01043--002 \*\*85.00

FILED  
15 NOV -9 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 10 2015

N. CAUSSEAU

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mobie Clear Security LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000054383

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Legalinc Corporate Services Inc.

Name of Person

Name of Firm/Company

4101 McEwen Rd Suite 465

Address

Farmers Branch TX 75244

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zoe Dickson 972 865-7421  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
Legalinc Corporate Services Inc.

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Mobie Clear Security LLC

\_\_\_\_\_  
Name of Limited Liability Company

L13000054383

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Marsha Dasch

\_\_\_\_\_  
Typed or Printed Name

President of Legalinc Corporate Services Inc.

\_\_\_\_\_  
Capacity

**FILED**  
15 NOV -9 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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