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SECRETARY OF STATE

TALL ANASSES OF TALES

## **COVER LETTER**

SECURITY ARMS 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: JOHN PEARS
(Contact Person) SECURITY ARMS LLC
(Firm/Company) 103(0 MAJESTIC TRAIL
(Address)

PARKLAND FL 33076
(City/State and Zip Code) For further information concerning this matter, please call: Enclosed please fine a check made payable to the Florida Department of State for: \$55 Filing Fee & \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section
Division of Corporations



FILED

2013 OCT 24 PM 4: 00

SECRETARY OF STATE FALLAMASSEE FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it appears on the records of the Florida Department
of State is:	SECURITY ARMS LLC
o me e a a	1977 - Anna Carlotta and Anna Carlotta
	ability company was organized under the laws of:
FLO	PLIDA
2. The Florida do	aumout/revietuation number of this limited liability commany is
	cument/registration number of this limited liability company is:
L 120	0011/600
1.0- 11	MCPAA
	ASCO ARAGAO. TEIXEIRA, hereby resign as a MGRM
(Print	Name of Person Resigning) (Print Title)
	ability company and affirm the limited liability company has been notified of my
resignation in w	riting.
1	,
41	
Signature of Re	signing Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)