

L13000166825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

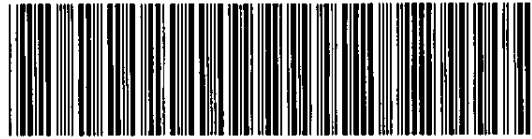
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FEB 20 2014

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TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BURSAN SECURITY USA LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

WALTER BURGA

(Contact Person)

BURSAN SECURITY USA LLC

(Firm/Company)

1045 KANE CONCOURSE #216

(Address)

BAY HARBOUR ISLANDS, FL 33154

(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER BURGA

(Name of Contact Person)

at **(954) 540-3075**

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

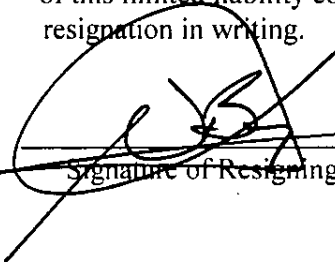
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BURSAN SECURITY USA LLC

2. The Florida document/registration number of this limited liability company is:
L13000166825

3. The date this member withdrew or will withdraw is: 02/18/2014

4. I, Bursan Seguridad S.L.U., hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

STATE
DIVISION OF
CORPORATIONS
FLORIDA

14 FEB 20 PM 2:04

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AND
FILED