144000132341

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





100279121031

11/19/15--01026--019 **25.00

SECRETARY OF STATE FALLAHASSEE, FLORID; 2015 NOV 19 AM 11: 3

K.SALY EXAMINER NOV 23 2015

COVER LETTER

| TO: | _ | stration Section tion of Corporations | | | |
|---|--|---|---------------|---|--|
| SUBJ | ECT: | SMART HOME AUTOMATION | N & SECUF | RITY LLC | |
| | | (Name of Limited Liability Company) | | | |
| The en | nclosed | l member, resignation or dissociati | ion and fee(s | s) are submitted for filing. | |
| Please | return | all correspondence concerning the | is matter to: | | |
| Darrir | n R. S | chutt, Esq. | | | |
| | | (Contact Person) | | _ | |
| Schut | tt Law | Firm, P.A. | | | |
| | | (Firm/Company) | | _ | |
| 1260 | 1 New | Brittany Boulevard | | | |
| | | (Address) | | | |
| Fort N | Myers, | Florida 33907 | | | |
| | | (City/State and Zip Code) | | _ | |
| For fu | rther in | nformation concerning this matter, | please call: | | |
| Darrir | n R. S | chutt, Esq. | 239 | 540-7007 | |
| | (N | ame 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 \$\sum \\$55 Filing Fee & Certified Copy | | | | | |
| Registr Division Clifton 2661 E | ration to on of C n Build Executi | OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

| | limited liability company as it appears on the records of the Florida Department ART HOME AUTOMATION & SECURITY LLC |
|--|---|
| 2. The Florida doc L1400013234 | nment/registration number assigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: |
| 4. I, ROLAND PU | , hereby withdraw/resign as a ame of Person Resigning) |
| Manager | |
| | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| Signature of D | ssociating Member or Resigning Manager |
| | \$25.00 (Required) \$30.00 (Optional) |