| Toxas L Farnandez (Requestor's Name) Alpha One Security Solution (Address) Alba Sand Lake Rd (Address) | ns 100344165 |
|--|---------------|
| Orlando FL 32909 (City/State/Zip/Phone #) | |
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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)

| 1. The name of the limited ALPHA C of State is: | NE SECURITY SO | DLUTIONS LL | .C | a Department | |
|--|--------------------------------|---------------------------|-------------------|--------------|---------------|
| 2. The Florida document/re L14000159810 | egistration number assign | ned to this limited | liability compan | y is: | |
| 3. The date this member/m | anager withdrew/resigns | =- ed or will withdray | v/resign is: |)4/2020 | |
| 4. I, Celimar Collazo (Print Name of Pe | | _, hereby withdra | w/resign as a | 1 | |
| Manager | · | | | 20 HAY | · |
| of this limited liability coresignation in writing. Signature of Dissociati | • | 1 | npany has been no | — ₩ ૅ | TARY OF STATE |
| Filing Fee: \$25. Certified Copy: \$30. | 00 (Required) 00 (Optional) | | | | |