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(Requestor's Name)
(Address)
(Addiess)
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(City (Chata / Zin/Dhana #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

ナートロン

COVER LETTER

Division of Corporations						
SUBJECT:	SU PAA	Security (y Company)	LIC			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
AS DEL UA	ZOUEZ:	<u> </u>	·			
(Firm/Company						
14355 COM (Address)	reence le	DDL				
HiAnli Jakes, tr. 33016 (City/State and Zip Code)						
For further information concerning	this matter, please	call:				
(Name of Contact Person)	at (Area	O5) 309 30 Code & Daytime Telephon	ne Number)			
Enclosed please find a check made \$25 Filing Fee		ida Department of State Filing Fee & Certified Co				
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	;	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327	n			

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301



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 lia	bility company as it appe	ears on the records of t	the Florida Department	
of State is:	IPRA SECU	rity LCC	<u> </u>	
2. The Florida document/regis	stration number assigned	to this limited liabilit	y company is:	
L150000 6	6540		. 7	
3. The date this member/mana	ager withdrew/resigned o	r will withdraw/resign	1 is: 03 年间	
4. I, YORDANIS BY (Print Name of Person				FIL
MANAGE (Print Title)	n_		FH 3: OF STA EFFLOR	EU
of this limited liability comp resignation in writing.	any and affirm the limite	ed liability company h	as been notified of my	-
Morrie			•	
Signature of Dissociating	Member or Resigning M	anager		
	(Required) (Optional)			