

L15000152722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC -9 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Professional Security One, 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:

Cleighton Meid  
(Contact Person)

Professional Security One, LLC  
(Firm/Company)

6766 NW 182 Street, #105  
(Address)

Niameh FL 33015  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cleighton Meid at ( 347 ) 768-5001  
(Name 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

☐ \$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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2015 DEC -7 PM 5:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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 liability company as it appears on the records of the Florida Department

of State is: Professional Security One, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000152722

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/1/2015

4. I, Daniele Gordon, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member  
(Print Title)

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

Daniele Gordon

Signature of Dissociating Member or Resigning Manager

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