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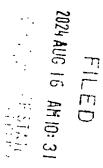
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Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Division of Corporations Blackstone Security Agency, LLC SUBJECT: \_\_\_\_ (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: Trini L. Thomas, Sr. (Contact Person) Blackstone Security Agency, LLC (Firm/Company) 2501 W. MAIN STREET Ste. 109 (Address) LEESBURG, FL 34748 (City/State and Zip Code) For further information concerning this matter, please call: Trini L. Thomas, Sr. 516-2351 352 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32314 Tallahassee, FL 32303







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

(Pursuant to 605.0216, Florida Statutes)

of State is:	orida
2. The Florida do L15000160700	cument/registration number assigned to this limited liability company is:
3. The date this m	nember/manager withdrew/resigned or will withdraw/resign is:
Tiffany The	, hereby withdraw/resign as a
(Print	, hereby withdraw/resign as a Name of Person Resigning)
Vice President	(V.P.)
	(Print Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of I	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv.	\$30.00 (Optional)