L15000212293

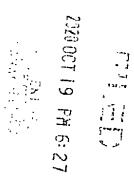
(Re	questor's Name)				
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Special Instructions to	Filing Officer:				

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COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations	
SUBJECT: Eye in the Sky mon (Name of Limited Liability	itoring LLC
(Name of Limited Liability	Company) J
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Jose Sarros (Contact Person)	
Eye in the Sky monitoring	<u>u</u> c
11402 Cantry Sand court	
BOCA Rator FL 33428 (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Jose Santos at (5/4) (Name of Contact Person) (Area C	, 423-2471
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$355 Fi	la Department of State for: ling Fee & Certified Copy
CTDEET/COUDIED ADDDESS.	MAILING ADDDESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



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)

	imited liability company				partme	ent
of State is:	ye Pin th	ie Sky	monitoring	LL	<u></u>	 ·
2. The Florida docu	ment/registration numbe	er assigned to t	his limited liability co	mpany is:		
L15000	0212293					
3. The date this mer	nber/manager withdrew.	/resigned or w	ill withdraw/resign is:	01/0,	1/20	20
4.1, JUSE U	J. Santos ime of Person Resigning)	, here	by withdraw/resign as	a		
co-fou	Print Title)	<u>_</u> ;				
of this limited liab resignation in wri	oility company and affirmting.	n the limited li	ability company has b	een notifi	ed of n	ny
_00	w. Sant	₩			2929	
Signature of Dis	ssociating Member or R	esigning Mana	ger		MOCT!	. [
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			(S) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	19 PM 6	
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