116000109609

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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COVER LETTER

Division of Corporations				
SUBJECT: US Patriot Systems, LLC				
	ited Liability Cor	npany)		
The enclosed member, resignation or dissocia	ation and fee(s	s) are submitted for	filing.	
Please return all correspondence concerning	this matter to:			
Diane Leone				
(Contact Person)		-		
(Firm/Company)		_		
405 Old Quarry Road		_		
(Address)		_		
Saint Augustine, FL 32080		_		
(City/State and Zip Code)				
For further information concerning this matter	er, please call:			
Diane Leone	904 _ at (669-1903		ŢŢ
(Name of Contact Person)	(Area Code	e & Daytime Telepho		mare mare
Enclosed please find a check made payable to \$25 Filing Fee		Department of State g Fee & Certified C		
<u>-</u>			FORID SINITE	۳
STREET/COURIER ADDRESS:		MAILING ADD		
Registration Section Division of Corporations		Registration Section Division of Corporation		
Clifton Building		P.O. Box 6327	Hations	
2661 Executive Center Circle		Tallahassee, Flori	da 32314	
Tallahassee, Florida 32301		·		

CR2E079 (2/14) .



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)

	Patriot Systems, LLC		s of the Florida Departmen
2. The Florida doc L1600010960	ument/registration number as	ssigned to this limited lia	ability company is:
Diano Loone	ember/manager withdrew/resi		
I, Diane Leone, hereby withdraw/resign as a, hereby withdraw/resign as a			
	lame of Person Resigning)		
VP			
***************************************	(Print Title)		
of this limited lia resignation in wi	bility company and affirm th	e limited liability compa	any has been notified of my
Si	are heore	>	÷1. 69
Signature of D	issociating Member or Resign	ning Manager	ALL AHA
Filing Fee:	\$25.00 (Required)		22 28 58E
	\$30.00 (Optional)		P F SIAM