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COVER LETTER

10:	Registration Section	
	Division of Corporations	
	•	

SUBJECT: U.S. Tactical Security Solutions 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:

Andre Ali
(Contact Person)

US. Tactical Security Solutions
(Firm/Company)

1973 Fireside Ct.
(Address)

Casseberry FL 32707
(City/State and Tip Code)

For further information concerning this matter, please call:

Andre Ali at (321) 333-9847
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\times \$\text{\$\subset}\$ \$\text{\$\sub

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

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)

	•	
1. The name of the lin	mited liability company as it appears on the records of the Florid	a Department
of State is:	s. Tactical Security Solu	ations LLC
2. The Florida docum	nent/registration number assigned to this limited liability compan	y is:
L1600	00225288	
3. The date this meml	ber/manager withdrew/resigned or will withdraw/resign is:	4/17
4.1, Jenn (Print Nam	if ly A i , hereby withdraw/resign as a ne of Person Resigning)	
Mana	ager	
of this limited liabil resignation in writing	lity company and affirm the limited liability company has been nong.	otified of my
Signature of Disse	ociating Member or Resigning Manager	SECRETARY OF THE PROPERTY OF T
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	OF STATE AM CO. 21