

6170000007214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

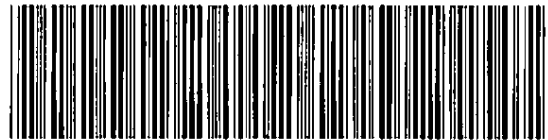
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/23--01006--015 **25.00

2023 AUG 22 AM 9:17

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delta Protective Agency LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eddie Clarence Williams III

(Name of Person)

Delta Protective Agency LLC

(Firm/Company)

2101 NW 3rd Avenue Apt 104

(Address)

Miami Florida 33127

(City/State and Zip Code)

For further information concerning this matter, please call:

Eddie C. Williams III

(Name of Person)

786

344-6642

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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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 limited liability company as it appears on the records of the Florida Department of State is: Delta Protective Agency LLC

2. The Florida document/registration number assigned to this limited liability company is:
L 17000007214

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/10/2023

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

Authorize Representative

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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