

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600299035196

600239035196 05/09/17--01021--017 **25.00



MAY 1 1 2017 J SHIVERS

COVER LETTER

STREET/COURIER ADDRESS: |

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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)

1. The name of the	limited liability comp	any as it appear	s on the reco	rds of the Flori	ida Departme	nt
of State is: <u>F</u>	rst Watch	Securit	y 4 I	ruestigat	-ions Cl	<u>_</u>
2. The Florida docu	ment/registration nun	nber assigned to	this limited	liability compa	ıny is:	
L17 00004	9954	····································				
3. The date this men	mber/manager withdre	ew/resigned or	will withdraw	//resign is: <u>4</u> -	-28-17	-
	Chae Poppes ame of Person Resigning)	, he	reby withdray	w/resign as a		
MERM	Print Title)	.			WALC SEC	17
of this limited liab	oility company and aff	irm the limited	liability com	pany has been	notified of n	Š
resignation in wri	ting.				ARY OF ASSET. FL) trace
Signature of Dis	ssociating Member or	Resigning Mar	nager		7: 05	Steamy of
Filing Fee:	\$25.00 (Required)					

Certified Copy:

\$30.00 (Optional)