## L 1800002031

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## **COVER LETTER**

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TO: Registration Section Division of Corporations

Pretorian Security LLC

SUBJECT:

(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:

Osmany de la Nuez

(Contact Person)

(Firm/Company)

17320 NW 77th Court

(Address)

Hialeah, FI 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Osmany de la Nuez	786	399-6042
· · · · · · · · · · · · · · · · · · ·	at (	)
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy

## 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 limited liability company as it appears on the records of the Florida Department Pretorian Security LLC. of State is:

<ol> <li>The Florida document/registration number a L18000002031</li> </ol>	ssigned to this limited liability company is:	-71
<ol> <li>The date this member/manager withdrew/res</li> <li>Osmany de la Nuez</li> <li>I.</li> </ol>	October 7th, 15 signed or will withdraw/resign is:	
(Print Name of Person Resigning) Partner (33%)		õ

(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)

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