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COVER LETTER

-	istration Section sion of Corporations		
<i>D</i> 111	sion of corporations		
SUBJECT:	TriState Security & Patrol	LLC	
	(Name of I	Limited Liability Cor	npany)
The enclose	ed member, resignation or disse	ociation and fee(s	e) are submitted for filing.
Please retur	n all correspondence concerni	ng this matter to:	
Nejline Bry	⁄an		
	(Contact Person)		_
	(Firm/Company)		_
207 Fultor	Harvey Rd		
	(Address)		-
Crawfordv	ille, FL 32327		
	(City/State and Zip Code)		_
For further	information concerning this ma	atter, please call:	
Nejline Bry	/an	850	591-3606
1)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl ■ \$25 Fiļin	ease find a check made payabl g Fee		Department of State for: 3 Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
	Corporations		Division of Corporations P.O. Box 6327
Clifton Buil	tive Center Circle		Tallahassee, Florida 32314
	, Florida 32301		rananassee, Piuriua 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)

The name of the limited liability company as it appears on the records of the Florida Departmen of State is: Tri State Security & Patrol LLC
2. The Florida document/registration number assigned to this limited liability company is: L18000050457
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, Linda A Wellborn (Print Name of Person Resigning) March 5, 2018 (Print Name of Person Resigning)
MGR (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:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)