

| (Request | or's Name) | |
|--------------------------------|-----------------|--------|
| (Address |) | |
| (Address |) | |
| (City/Sta | te/Zip/Phone #) | |
| PICK-UP |] WAIT | MAIL |
| (Busines | s Entity Name) | |
| (Docume | ent Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing | Officer: | |
| | | |
| | | : |
| WRONG FORM | | |
| Of | fice Use Only | |



800321027848

11/26/18--01041--033 **85.00



K SALY



December 4, 2018

ATTENTO SECURITY LLC TARA ROBBIANI 2453 SE RICHMOND ST. PORT ST. LUCIE, FL 34952

SUBJECT: ATTENTO SECURITY LLC

Ref. Number: L18000159319

We have received your document for ATTENTO SECURITY LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 018A00024858

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Attento Secur, ty 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: |
| Patricia DelVecchio (Contact Person) |
| Attento Seews. My (Firm/Company) |
| 1072 SW Deavy, 11c Ame (Address) |
| PORT St. Lucic, FL 3495-3 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Patricia Del Vecch 10 at (772) 302-6437 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (2/14)

Tallahassee, Florida 32301





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 | imited liability company as it appears on the records of the Florida Departs | ment |
|--|--|---------|
| of State is: Af | ento Security LLC | <u></u> |
| 2. The Florida docu | ment/registration number assigned to this limited liability company is: | |
| 118000 | 59319 | |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: ///o// | 18 |
| 4.1, Patricia | hereby withdraw/resign as a ume of Person Resigning) | |
| Partner | Print Title) | |
| of this limited lial resignation in wr | oility company and affirm the limited liability company has been notified o ting. | f my |
| form 1 | Ol Viceho | |
| // Signature of Di | ssociating Member or Resigning Manager | |
| | \$25.00 (Required) \$30.00 (Optional) | |