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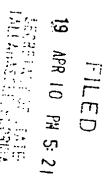
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Division of Corporations
SUBJECT: DECURITY Motels & Glass, LCC. (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:
(Contact Person)
(Contact Person)
Security Melels & Glass, LLC. (Firm/Company)
2235 NW 41 5tneet
(Address)
Friami. Fl. 33145
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at ($\frac{750}{}$) 314 · 1993 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\sum_{0.5}} \sum_{0.5} \sum_{0.
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



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)

					0	ED
	limited liability compar					
of State is:	Security	Melels	.0	Glang	7.EC2	·
2. The Florida doc	ument/registration numb	er assigned to this	limite	d liability cor	npany is:	
	1000170651	, 				
3. The date this me	ember/manager withdrew	v/resigned or will	withdra	aw/resign is: _	Manch	18.20
4. I. HIRAM	RoDrigvez lame of Person Resigning)	, hereby	withdi	raw/resign as a	a	
	Print Tile)					
	bility company and affir	m the limited liab	ility co	ompany has be	en notified o	of my
resignation in wr	iting.					
Signature of P	ssociating Member or R	esigning Manager	•	-		
_	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					