

7/1/2021

Division of Corporations

# L18000214748

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PARASEC  
Account Number : I20180000086  
Phone : (916)576-7000  
Fax Number : (800)603-5868

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rlsos@parasec.com

2020 JUL -2 AM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## LLC REGISTERED AGENT RESIGNATION POE SECURITY SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
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JUL 01 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POE SECURITY SOLUTIONS LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L18000214748

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cori Ann Crosthwaite  
Name of Person

parasec  
Name of Firm/Company

2804 Gateway Oaks Dr. #100  
Address

Sacramento, Ca 95833  
City/State and Zip Code

rlsos@parasec.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cori Ann Crosthwaite at (800) 533-7272  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Rocket Lawyer Corporate Services LLC  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for POE SECURITY SOLUTIONS LLC  
\_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

L18000214748  
\_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Leticia Herrera  
\_\_\_\_\_

Typed or Printed Name

Assistant Secretary  
\_\_\_\_\_

Capacity

FILED  
2020 JUL -2 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314