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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Covenant Security Solutions, 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: Daman Toth (Contact Person) Covenant Security Solutions, LLC (Firm/Company) 360 Central Ave, Suite 800 (Address) St. Petersburg, FL 33701 (City/State and Zip Code) For further information concerning this matter, please call: Daman Toth (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## <sup>-</sup> DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

? The Florida does	ment/registration number	assigned to this limited liab	sility company is:
L 19000 1987 47	amenoregistration number		mity company is.
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/re	sign is: 4/8/2022
(Print N	ame of Person Resigning)	, hereby withdraw/re	esign as a
DIRECTOR O	(Print Title)		
of this limited lia resignation in wr		the limited liability compan	y has been notified of my
Kun	an		2022/
Signature of Di	ssociating Member or Resi	gning Manager	2022 AP8
•	\$25.00 (Required) \$30.00 (Optional)		fan H