120000299457

(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
(,	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	1
Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	

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S. PRATHE

COVER LETTER

TO: Registration Section Division of Corporations	į		J	
SUBJECT: Global Shield Security LLC Name of Limited Liability	Compan	y		
DOCUMENT NUMBER: L20000299457	_			
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liabilit	y Com	pany and	fee are submitted
Please return all correspondence concerning this matter to the	ne follow	ing:		
United States Corporation Agents, Inc.				
Name of Person	-			
Legalzoom.com, Inc.				
Name of Firm/Company	-			
9900 Spectrum Dr.				
Address	•			
Austin, TX 78717				
City/State and Zip Code	•			
raresignations@legalzoom.com				
E-mail address: (to be used for future annual report notification)	•			
For further information concerning this matter, please call:				
Name of Person at (Area Code	773-08) Daytim		hone Nur	nber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	Florida Statutes, the unders	igned,			
United States Corporation Agents, Inc. Name of Registered Agent		C.	have the second			
		nt ·	hereby resigns as			
Registered Agent for G	lobal Shield Secu	rity LLC				
	Name of Lim	ited Liability Company			,•	
		wee diability Company				
L20000299457						
Document Nu	mber, if known					
A copy of this resignatio	on was mailed to the a	bove listed limited liability co	omnany at its last known	address		
The agency is terminated	and the office disco	ntinued on the 31st day after t	he date on which this star	tement is	filed.	
		CUL				
	· · · · · · · · · · · · · · · · · · ·	Signature of Resigning Agent				
lf signing on behalf of ar	n entity:					
	Cheyenne Mose	ley				
	Ty	ped or Printed Name	· -			
	Asst. Secretary for U	nited States Corporation Ager	nts, Inc.			
		Capacity				
	FILING : \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved, withdrawn limited liability	voluntarily dissolved/	FALLAHASSEE, F	2022 JUN 14 PM	
	Make checks payab	e to Florida Department of Sta Division of Corporations P.O. Box 6327	te and mail to:	OLVOTI:	1 6: 28	

Tallahassee, FL 32314