# L21000455610

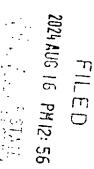
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE AUG Z 1 2024				

Office Use Only



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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

ıp LLC
Сотрапу
Liability Company and fee are submitted
ne following:
773-0888 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115. Florida Statutes, the unders	igned,	2/
United States Corp	poration Agents, Inc.	hereby resigns as	6 0
	Name of Registered Agent	nereby resigns as	
Registered Agent for	Gulf Stream Security Group LLC		MANG 16 PHIZ: 56
	Name of Limited Liability Company	<del></del>	<del></del>
L21000455610			
Document N	lumber, if known		
A copy of this resignati	on was mailed to the above listed limited liability co	ompany at its last k	known address.
The agency is terminate	ed and the office discontinued on the 31st day after t	he date on which t	this statement is filed.
	Crik Treutlein		
	Signature of Resigning Agent		
If signing on behalf of a	an entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corporation Age	ints, Inc.	
	Capacity	<del></del>	

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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