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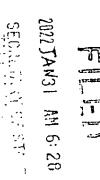
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Link, Neme,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ja Jahngard Security Services LL (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:		
JE JAHNA and Security Services LLC (Eirn/Company)		
23914 SW 109th Pl		
Homestead FL 33032 (City/State and Zip Code)		
For further information concerning this matter, please call: Jeff July July Algorithms Algorithms		
Englosed please find a check made payable to the Florida Department of State for: \$\square\$ \$25 Filing Fee & Certified Copy		

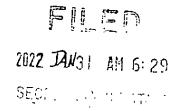
Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303





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)

1. The name of the limited liability company as it appears on the of State is:	
2. The Florida document/registration number assigned to this li-	united liability company is:
L22000033579	<i>j/</i>
3. The date this member/manager/withdrew/resigned or will with	thdraw/resign is: <u>01/17/22</u>
	thdraw/resign as a
(Print Name of Person Resigning) POSIALA (Print Title)	
of this limited liability company and affirm the limited liabilit	y company has been notified of my
resignation in writing. Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	