## 623000527515

(Re	equestor's Name)	
(Ac	ddress)	
	ddress)	<del></del>
<b>,</b>	<b>,</b>	
	. (0: ) (7: 10)	10
(CI	ity/State/Zip/Phone	<del>?</del> #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
`	,	
Certified Copies	Certificates	of Statue
Certified Copies	_ Certificates	OI Status
Special Instructions to	Filing Officer:	

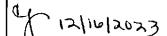




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## **COVER LETTER**

~	stration Section sion of Corporations		
SUBJECT:	JMN IMP Security LLC		
	(Name of Lim	ited Liability Cor	npany)
The enclosed	l member, resignation or dissoci	iation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Mario Impelliz	eri		
	(Contact Person)	A	<del></del>
JMN IMP Secu	urity LLC		
	(Firm/Company)		_
20152 Sugarlo	af Mountain Road		
	(Address)		_
Clerinont, Fl. 3	34715		
	(City/State and Zip Code)		_
For further in	nformation concerning this matt	er, please call:	
Mario Impelliz	reri	35 <b>2.</b> at (	536-4195
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple	ease find a check made payable (g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2023 DEC -4 PM 12: 07

## 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)

of State is:	IN IMP Security LLC			
1.23000527515		_	ed to this limited liability of	company is:
3. The date this	member/manager wit	hdrew/resigned	l or will withdraw/resign i	December 1, 2023
Carol A. Impe	ellizeri		hereby withdraw/resign	ସଦ ସ
(Prin	nt Name of Person Resign	ing)	. hereby withdraw/resign	
Manager				
	(Print Title)	·'		
of this limited resignation in		d affirm the lim	ited liability company has	been notified of my
Carol	a Impella	zen		
	Dissociating Membe		Managan	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: