PT 200000 119

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





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COVER LETTER

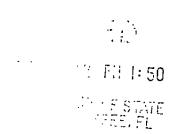
TO: Registration Section Division of Corporations	
SUBJECT: CES Social (Name of Lin	ited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
GARY Del GORNIO (Contact Person)	
Chear Holdings (Finn/Company)	LLC.
1592 Brooks Rd (Address)	
DACILIA, GA 30019 (City/State and Zip Code)	
For further information concerning this matt	er, please call:
CARY Del Giornio (Name of Contact Person)	at (470) 428-5722 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida Department of State for: \$\square\$ \$\squ
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

CR2E079 (2/14)



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 records of the Florida Department
of State is: CES Security Solution LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L2400006479
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \(\oldsymbol{\Jan} \) \(\oldsymbol{\BO} \)
4. I. GARY De G. ONO Chear Holding, hereby withdraw/resign as a Print Name of Person Resigning)
MGR/GARNER/AMBL. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
M. R.D. H.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) 3-7-25
CR2E079 (2/14) OFFICIAL SEAL PHARREN MCCARTY Notary Public, Georgia GWINNETT COUNTY My Commission Expires Legger 28 2029