

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMETIME SECURITY SOLUTIONS LLC

(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:

SHANEKA A FORD

(Contact Person)

(Firm/Company)

2020 ELDRIDGE PARKWAY APT 1104

(Address)

HOUSTON TEXAS 77077

(City/State and Zip Code)

For further information concerning this matter, please call:

SHANEKA A FORD at (832) 574-6056

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee \$55 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 records of the Florida Department of State is: PRIMETIME SECURITY SOLUTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L24000033564

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/26/2024

4. I, SHANEKA A FORD, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Shaneka Ford *Shaneka A Ford*
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2024 FEB - 2 PM 3: 56
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL