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COVER LETTER

Division of Corporations Tactical Security Operations LLC SUBJECT: (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: Natascha Rodriguez (Contact Person) **Tactical Security Operations** (Firm/Company) 5295 Images circle apt 102 (Address) Kissimmee fl 34746 (City/State and Zip Code) For further information concerning this matter, please call: Natascha Rodriguez 985-8589 407 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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 disdain to 005).	o210, 1 forida Statutes)	ZOZ4 JUN Secreta
1. The name of th	ne limited liability company a	is it appears on the records	of the Florida Repartment
Тас	tical Security Operations LLC		
2. The Florida do L24000190956	cument/registration number a	assigned to this limited liab	ility company is:
	nember/manager withdrew/re	signed or will withdraw/res	sign is:
4. I. Natascha Rodr	Name of Person Resigning)	, hereby withdraw/re	esign as a
Manager			
	(Print Title)		
of this limited li resignation in v	iability company and affirm t vriting.	he limited liability compan	y has been notified of my
Robid	Ale		
Signature of I	Dissociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)