

L81833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

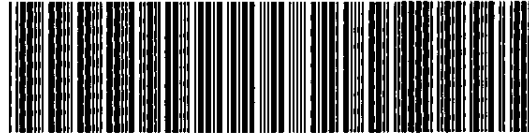
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/3



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2011

RECEIVED

DAVID M. GARVIN
DAVID M. GARVIN, P.A.
200 SOUTH BISCAYNE BLVD., SUITE 3150
MIAMI, FL 33131

JUL 05 2011

DAVID M. GARVIN, P.A.

SUBJECT: DELAD SECURITY, INC.
Ref. Number: L81833

We have received your document for DELAD SECURITY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$87.50.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 111A00015667

*paid
7-6-11
CF#10411*

LAW OFFICES
DAVID M. GARVIN, P. A.
200 SOUTH BISCAYNE BOULEVARD, SUITE 3150
MIAMI, FLORIDA 33131
TELEPHONE (305) 371-8101
FAX (305) 371-8848

DAVID M. GARVIN
FLORIDA BAR CERTIFIED TAX LAWYER

E-MAIL: ontrial2@aol.com
dgarvin@davidmgarvin.com
WEBSITE: davidmgarvin.com

June 13, 2011

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Secretary of State
400 S. Monroe Street, #P12
Tallahassee, Florida 32399-6536

Re: Delad Security, Inc. and Alpha Omega Temporary Services, Inc.

Dear Sir:

I hereby resign from the position of Registered Agent for Delad Security, Inc. and Alpha Omega Temporary Services, Inc. Please immediately remove my name from the State's records as the Registered Agent for Delad Security, Inc. and Alpha Omega Temporary Services, Inc.

Please send me written confirmation that this has been accomplished.

RECEIVED
11 JUN 23 PM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you for your prompt attention to this matter.

Very truly yours,


DAVID M. GARVIN

DMG/am

cc: Delad Security, Inc. (Via Certified Mail Return Receipt Requested)
Attn: Adeola Akanni
6073 N.W. 167th Street
Suite C-10
Miami Lakes, Florida 33015

C:\WP\DAVID M. GARVIN, P.A.\06-13-11.LETTER TO SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Delad Security, Inc.
(Name of Corporation)

DOCUMENT NUMBER: L 81833

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

David m. Garvin
(Name of Person)

David m. Garvin, P.A.
(Name of Firm/Company)

200 South Biscayne Blvd., Suite 3150
(Address)

Miami, Florida 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

David m. Garvin at (305) 371-8101
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

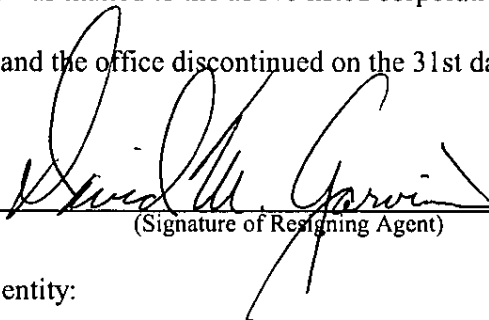
Florida Statutes, the undersigned, David m. Garvin
(Name of Registered Agent)

hereby resigns as Registered Agent for Delad Security, Inc
(Name of Corporation)

L81833
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
11 OCT 31 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**