

105000004696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

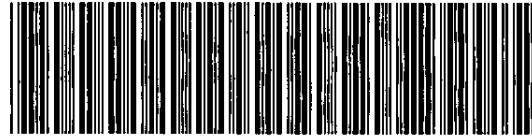
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500264242545

09/22/14--01031--002 **25.00

RECEIVED
AND
FILED
14 SEP 22 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Lemieux
T. LEMIEUX
SEP 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wings Security, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M05000004696

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian F. O'Ryan, Esq.

Name of Person

Pennington, P.A.

Name of Firm/Company

2701 N. Rocky Point Drive, Ste. 900

Address

Tampa, FL 33607

City/State and Zip Code

n/a

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

June Kelly, ACP

Name of Person

at (813) 639-9599

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Christian F. O'Ryan

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Wings Security, LLC

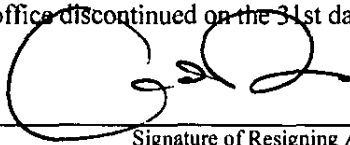
Name of Limited Liability Company

M05000004696

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

14 SEP 22 PM 3: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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