

MO7 000007141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

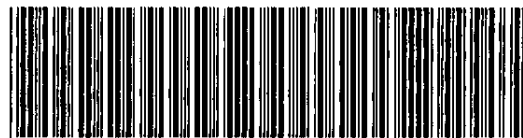
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/14/11--01029--007 **35.00

01/14/11-01029-006- \$25.00

T. CLINE

JAN 21 2011

EXAMINER

MO7-714

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 20 AM 8:46

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2011

KATHY REDYK
3419 GALT OCEAN DRIVE, SUITE A
FORT LAUDERDALE, FL 33308

SUBJECT: VISION ALARM, LLC
Ref. Number: M07000007141

We have received your document for VISION ALARM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 011A00001406

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VISION ALARM, LLC
(Name of Corporation)

DOCUMENT NUMBER: M07000007141

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Redyk
(Name of Contact Person)

API Processing
(Firm/Company)

3419 Galt Ocean Drive, Suite A
(Address)

Fort Lauderdale, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Redyk at (954) 567-0013
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 20 AM 9:46

FILED

Mailing Address:

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

Street Address:

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

**RESOLUTION BY MEMBERS
TO RENOUNCE AN ALTERNATE NAME
IN THE STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing Members
of VISION SECURITY LLC, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of UTAH
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of
s. 608.406, Florida Statutes, the limited liability company hereby renounces the following
alternate name in the state of Florida:

VISION ALARM LLC
(Alternate Name Renounced in State of Florida)

Date: 1/20/11

Signature(s) of Manager(s) and/or Managing Member(s):

[Signature]

FILING FEE \$25

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

CR2E128 (9/09)

2011 JAN 20 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED