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COVER LETTER

Division of Corporations				
Orion Security Solutions SUBJECT:				
	nited Liability Company)	_		
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to:			
Brooke Juh!				
(Contact Person)				
Orion Security Solutions				
(Firm/Company)				
16232 Muirfield Place				
(Address)				
Edmond, Oklahoma 73013				
(City/State and Zip Code)				
For further information concerning this mat	ter, please call:			
Brooke Juhl	217-3018	20 MAR 13	·:	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	70 —	٠,	
Enclosed please find a check made payable	to the Florida Department of State for:	ယ 		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	PH 3:	,,	
		ان دع رخ	مدد حر است ا	
Mailing Address: Registration Section	Street Address: Registration Section		÷	
Division of Corporations	Division of Corporations			
P.O. Box 6327	•	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303			

CR2E079 (2/14)



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)

	Security Solutions	ssigned to this limited liability compan	v is:
M16000002691	umen/registration number as		, .u.
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	2019
		, hereby withdraw/resign as a	
Chief Marketing			
	bility company and affirm th	ne limited liability company has been n	otified of my
Dref 2	Tanel		2 = 2
Signature of D	issociating Member or Resig	ming Manager	20 MAR 13
	\$25.00 (Required) \$30.00 (Optional)		S P. S