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(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:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
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Office Use Only



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AUG 12 2019 C Kinsey

## COVER LETTER

•	TO: Registration Section Division of Corporations			
•	SUBJECT: Active Shoote	Response LLC		
	(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:			
	James Billia (Contact Person)			
	(Firm/Company)			
	4364 SW LA Palona De			
	Palm City F2 34990 (City/State and Zip Code)	<del> </del>		
	For further information concerning this matter, please call:			
	Name of Contact Person) at (	772 ) 631-3663 (Area Code & Daytime Telephone Number)		
	Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (2/14)

and

#### <u>Via Certified Mail – Return Receipt Requested</u> <u>And Regular Mail</u>

Jack Cassell 86 Lighthouse Drive Jupiter Inlet Colony, FL 33469 Hector Delgado 3468 Canal Court Jupiter, FL 33469

Re: Dissociation

Dear Jack and Hector:

I hereby give notice that I am dissociating from Active Shooter Response, LLC (ASR) and surrendering my membership interest in ASR effective as of December 31, 2018 pursuant to 605.0216 Fla. Stat. Please see the attached filing with the Florida Department of State Division of Corporations.

Sincerely

James R. Billig

cc: Business Filing Incorporated, Registered Agent 1200 South Pine Island Road Plantation, FL 33324



### 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. The name of the limited liability company as it appears on the records of the Flor	rida De <sub>l</sub>	partme	ent
of State is: Active Shooter Response LLC	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
2. The Florida document/registration number assigned to this limited liability comp	oany is:		
M16000008240 PEI/EN 81-3167360			
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	.31	<u>. 2c</u>	218
4. 1. James Billia , hereby withdraw/resign as a (Print Name of Person Resigning)			
Member (Print Title)			
of this limited liability company and affirm the limited liability company has been resignation in writing.	ı notifie	d of m	ıy
Signature of Dissociating Member or Resigning Manager	SECIAL ASK I	2019 AUG -5	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	I SSEE FL	5 AM II: 30	