(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(City/State/Zip/Phone #)		
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* TRANSMITTAL LETTER

STANDARD SECURITY SERVICES, INC. (Name of Corporation) DOCUMENT NUMBER: M35406 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alexander Anthony (Name of Person) (Name of Firm/Company) P.O Box 52-3498 (Address) Miami, FL 33152 (City/State and Zip Code) For further information concerning this matter, please call: Alexander Anthony (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Amendment Section **Street Address:** Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ny hereby resign as DP (Title)
CURITY SERVICES, INC.
, a corporation organized under the laws of the State of
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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