

1 P000000073668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

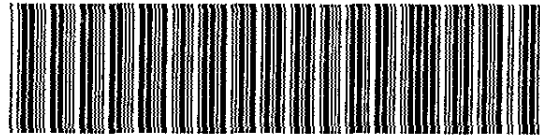
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXCLUSIVE SECURITY PROTECTION, INC
(Name of Corporation)

DOCUMENT NUMBER: P000000 73668

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Grace M. LaPointe
(Name of Person)

Exclusive Security Protection, Inc
(Name of Firm/Company)

4615 NW 22nd Avenue
(Address)

Miami FL 33142
(City/State and Zip Code)

For further information concerning this matter, please call:

Grace LaPointe at (305) 637-7555
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Willene Pyles, hereby resign as Secretary
(Title)
of EXCLUSIVE SECURITY PROTECTION, INC
(Name of Corporation)
P00000073668, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Willene Pyles
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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