

P00000073668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

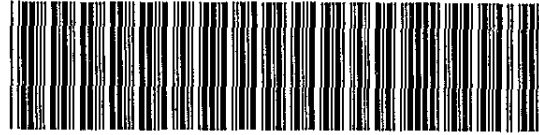
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400027298914

01/22/04--01051--004 \*\*87.50

FILED  
04 JAN 22 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P00000073668  
01-22-04  
RA120  
CH

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

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

DOCUMENT NUMBER: P00000073668

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, Florida 33142  
(City/State and Zip Code)

For further information concerning this matter, please call:

Grace M. 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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, DWAYNE W PYLES

(Name of Registered Agent)

hereby resigns as Registered Agent for EXCLUSIVE SECURITY PROTECTION, INC

(Name of Corporation)

000000073688

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**FILED**  
04 JAN 22 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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