

P000000073668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

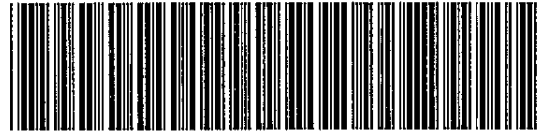
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TALLAHASSEE, FLORIDA

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

(Name of Person)

at (305) 637-7555

(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

FILED
05 SEP 28 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

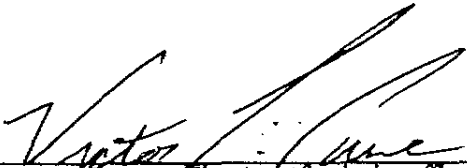
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, VICTOR P. CAVE, hereby resign as VICE PRESIDENT
(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.


(Signature of resigning officer/director)

FILED
05 SEP 28 AM 10:00
SECRETARY OF STATE
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