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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special instructions to	Filing Officer:	
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R.A. Resign. TB 1-27-11

COVER LETTER

Division of Corporations
SUBJECT: JAMES ALAN SECURITY + INVESTIGATIONS, INC. (Name of Corporation)
DOCUMENT NUMBER: PO 400066089
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT L. SIRIANDI JR. (Name of Person)
BROWDSTONE P.A. (Name of Firm/Company)
400 N. NEW YORK Avenue
WINTER PACK, FT 32789 (City/State and Zip Code)
For further information concerning this matter, please call:
ROBERT SIRIANNI JR at (40) 388-1900 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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, BROWNSTONE LAW PA
(Name of Registered Agent)
hereby resigns as Registered Agent for TAMES ALAN SECURITY + INVESTIGATION (Name of Corporation)
P0400066089
(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.
The Branch Branc
(Signature of Resigning Agent)
If signing on behalf of an entity:
Typed or Printed Name)
PRESIDEN T + ATTORNEY OF PROED
(Capacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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