

P10000061942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

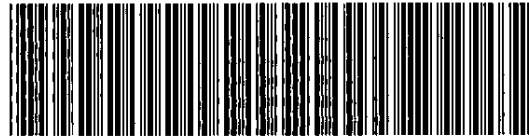
(Business Entity Name)

(Document Number)

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2011 JUN 21 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Off. Resign.

TBROWN

6-23-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A 2 Z FIRE AND ALARM INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000061942

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

Please return all correspondence concerning this matter to the following:

JEFFREY N. LYNN  
(Name of Person)

LYNCO FIRE & ALARM CORP  
(Name of Firm/Company)

13899 BISCAYNE BLVD STE 313  
(Address)

NO MIAMI BEACH, FL 33181  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY N LYNN at (305) 335-7824  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

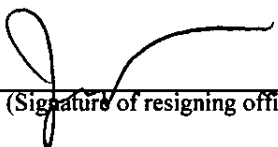
**FILED**  
2011 JUN 21 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY N LYNN, hereby resign as QUALIFIER  
(Title)

of A 2 Z FIRE AND ALARM INC. (WITHOUT MY CONSENT)  
(Name of Corporation)

P10000061942, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(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