

P120000011581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

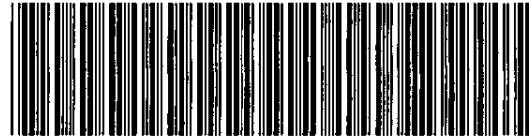
(Business Entity Name)

(Document Number)

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FEB 18 2013

R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 15 PM 2:41

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CDS Protective Services Inc
(Name of Corporation)
DOCUMENT NUMBER: P12000011581

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

Please return all correspondence concerning this matter to the following:

Shaun B McGuire
(Name of Person)

CDS Protective Services Inc
(Name of Firm/Company)

4201 N Federal Hwy
(Address)

Pompano Beach FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Shaun B McGuire at (954) 379-6100
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2013

SHAUN B MCGUIRE
CDS PROTECTIVE SERVICES INC
4201 N FEDERAL HWY
POMPANO BEACH, FL 33064 US

SUBJECT: CDS PROTECTIVE SERVICES INC.
Ref. Number: P12000011581

We have received your document for CDS PROTECTIVE SERVICES INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 513A00002460

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDS Protective Services Inc LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shaun B McGuire

(Contact Person)

CDS Protective Services Inc LLC

(Firm/Company)

4201 N Federal Hwy

(Address)

Pompano Beach, FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

Shaun B McGuire

(Name of Contact Person)

at (954) 242-4988

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

~~☐ \$25 Filing Fee~~

~~☒ \$55 Filing Fee &
Certified Copy~~

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Shawn B M'Guire hereby resign as VP
(Title)
of CDS Protective Services Inc.
(Name of Corporation)
P12000011581, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Shawn B M'Guire
(Signature of resigning officer/director)

FILED
13 FEB 15 PM 2:41
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