Requester's Name 704 Oursbrock Was	0070514
Melbourne, FL 3294 City/State/Zip Phone #	0000046452900 -10/19/0101027003 ******87.50 *****87.50
CORPORATION NAME(S) & DOCU	Office Use Only JMENT NUMBER(S), (if known):
1. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name) 4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, WICHAR J. CONN
Florida Statutes, the undersigned, WICHACL J. CONN (Name of registered agent) (SAFE-T) hereby resigns as Registered Agent for SECURITY AUDIO FIRE ELECTRONICS TECHNICIANS, INC. (Name of corporation)
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) (Typed or Printed Name) (Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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