## L22000105026

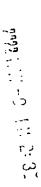
(Requestor's Name)		
(Address)		
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(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
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Certified Copies	Certificates of Status	
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## **COVER LETTER**

	gistration Section		
Dr	vision of Corporations		
SUBJECT	All Star Outdoors LLC		
	(Name o	f Limited Liability Cor	nipany)
The enclos	sed member, resignation or dis	ssociation and fee(s	s) are submitted for filing.
Please retu	urn all correspondence concert	ning this matter to:	
Joseph Cam	iuso		
	(Contact Person)		_
All Star Out	tdoors LLC		
-	(Firm/Company)		-
34140 Medl	lin faine		
	(Address)		_
Lillian, AL	36549		
	(City/State and Zip Code)		_
For furthe	r information concerning this	matter, please call:	
Joseph Cam	nuso	850 at (	490-7895
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed 1	please find a check made paya	_	•
□ \$25 Fil	ling Fee	₩\$55 Filing	g Fee & Certified Copy
	ailing Address:		Street Address:
	egistration Section		Registration Section
	vision of Corporations O. Box 6327		Division of Corporations The Centre of Tallahassee
	Illahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lin of State is:	mited liability company as it appears on the Dutdoors LLC	he records of the Florida Department
2. The Florida docum 1.22000105026	ent/registration number assigned to this l	imited liability company is:
3. The date this memb	per/manager withdrew/resigned or will w	ithdraw/resign is: 4/25/22
4. I. Owglas St	e of Person Resigning), hereby w	vithdraw/resign as a
- Meink	im Title)	
of this limited liabil resignation in writing	ity company and affirm the limited liabiling.	ity company has been notified of my
Signature of Disse	ociating Member or Resigning Manager	, j. j. 668ú
Filing Fce: Certified Copy:		-9 Ft 9: