

LD5000003243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

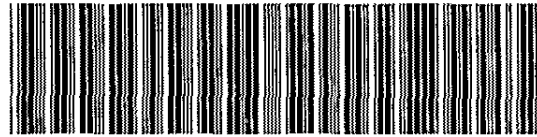
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilderness Surplus, 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:

Brian Ramsey

(Contact Person)

(Firm/Company)

1969 S. Alafaya Trail #322

(Address)

Orlando, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Ramsey

(Name of Contact Person)

at (407) 436-2718

(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 &
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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2007

BRIAN RAMSEY
1969 S. ALAFAYA TRAIL #322
ORLANDO, FL 32828

SUBJECT: WILDERNESS SURPLUS, LLC
Ref. Number: L05000003243

We have received your document for WILDERNESS SURPLUS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 107A00050593