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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: All American Shotter Co. (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:
TAY Lund (Contact Person)
1537 A Pheasant WALK
FF Pierce FL 34950 (City/State and Zip Code)
For further information concerning this matter, please call:
TAY Lund at (772) 293 1980 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability compa	ny as it ap	pears on the r	ecords of	the Florid	la Departi	nent
of State is:	711 Ame	Kical	n Sh	v//e	K C	omp	Ans
o f	Jouth South	F	oxida	_	L C		/
2. This limited liab	ility company was orga	ınized und	er the laws of				
FLOR							
<u> </u>			•				
	ment/registration num			ity compa	my is:		
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4. I, <u>Jay</u>	ame of Person Resigning)		, hereby resig	n as a	M 9	R. Tistal	<del></del>
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of this limited lial resignation in wri	bility company and affi iting.	rm the lim	ited liability	company	has been n	otified of	my
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	y fruit						
Signature of Resi	gning Member, Manag	ing Memb	er or Manage	r			
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	\$25.00 (Required)					=	光滑のゴー
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