L06000118924

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



300330853223

08/21/19--01012--012 *#35.00



C. GOLDEN

JUL - 2 2019

COVER LETTER

Division of Corporations	
SUBJECT: Tacprogear, LLC	
(Name of Lir	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Joe Grant, Esquire	
(Contact Person)	
Marshall Grant, PLLC	
(Firm/Company)	
197 South Federal Highway, Suite 200	
(Address)	
Boca Raton, FL 33432	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Joe Grant, Esquire	561 361-1000
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

	limited liability company as	s it appears on the records of	the Florid	a Depa	rtment
2. The Florida doc L0600011892		ssigned to this limited liabili	ty compan	y is:	
4. I, DAN LOUNS (Print A	SBURY Same of Person Resigning) (Print Title) bility company and affirm the	igned or will withdraw/resig, hereby withdraw/resig	n is:	5/2019	
I.	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	`.v.L&HE.3SEE	2019 JUN 21 PM	