

LD9000075214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

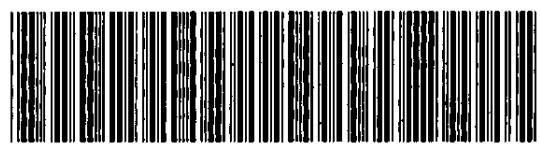
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMINOLE ARMS, 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:

Timothy L. Durocher, Esq.

(Contact Person)

Killgore Pearlman Stamp Ornstein & Squires, P.A.

(Firm/Company)

2 South Orange Avenue, 5th Floor

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy L. Durocher, Esq. at (407) 425-1020

(Name of Contact Person)

(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 &
Certified Copy

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

KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES, P.A.

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OF COUNSEL
BRENDA J. NEWMAN

Sender's email address:
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October 20, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Seminole Arms, LLC
Document No. L09000075214

Dear Sir/Madam:

Pursuant to the above referenced matter, enclosed please find:

1. Cover Letter;
2. Executed Resignation of Member, Managing Member of Manager from Florida or Foreign Limited Liability Company form;
3. Our Trust Account Check No. 8198 in the amount of \$25 representing your filing fee;

Also enclosed is an envelope for return of proof of filing.

Should you have any questions or need additional information, please call.

Very truly yours,

KILLGORE, PEARLMAN, STAMP,
ORNSTEIN & SQUIRES, P. A.



Kathleen Tountas,
Assistant to Timothy L. Durocher, Esquire

Enclosures



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 company as it appears on the records of the Florida Department of State is: SEMINOLE ARMS, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L09000075214

4. I, Dallas Brian Smith, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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