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Office Use Only



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B. BOSTICK

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Minutemen Firearms, LLC	
(Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to):
Gilles McDaniel	
(Contact Person)	_
Minutemen Firearms, LLC (Firm/Company)	<u> </u>
(Fitti/Company)	
1212 Lee Road	
(Address)	20
Orlando, Florida 32810	CT -5
(City/State and Zip Code)	
For further information concerning this matter, please call	12 0CT -5 PH 12: 27
Gilles McDaniel at 407	468-7341
(Name of Contact Person) (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as utemen Firearms, Ll		of the Florida Department
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida docu 	ment/registration number o	f this limited liability comp	pany is:
_{4, I,} Robert K.	Corriveau	, hereby resign as a N	MGRM
	ame of Person Resigning)	, nereby resign as a	(Print Title)
of this limited lial resignation in wri	pility company and affirm the	ne limited liability company	has been notified of my
	gning Member, Managing N		
Signature of Kesi	gning Member, Managnig r	vicinioci di ivianagei	3 1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 OCT -5 PH 12: 2