# L11000046164

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



000240480500

12/18/12--01001--008 \*\*55.00

10/15/12--01030--002 \*\*35.00

FILED

12 DEC 17 PH 5: 18

SECRLIARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

DEC 17 2012

**EXAMINER** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2012

JAMES C. GRAVELEY 140 WORNALL DRIVE SANFORD, FL 32771

SUBJECT: GORILLA ARMS & ACCESSORIES LLC

Ref. Number: L11000046164

We have received your document for GORILLA ARMS & ACCESSORIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 412A00025635

2 DEC 17 PM 5: 1

www.sunbiz.org

#### **COVER LETTER**

Division of Corporations		
SUBJECT: GERCICA ARMS 1.  (Name of Limited Liab	MI ACCESSERIES  bility Company)	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted	for
Please return all correspondence concerning this ma	atter to:	
Contact Person)	·	
GORIUS ARMS (Firm/Company)		
4880 GABRIECON CANO		12 DEC 1 SECRETA! ALLAHAS
OVICIO FL 32765 (City/State and Zip Code)		7 PM 5: 1 RY OF STAT SEE, FLORII
For further information concerning this matter, plea		15 To 15
Name of Contact Person) at (A	rea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
STDEET/COUDIED ADDRESS.	MAILING ADDRESS:	

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

TO:

Registration Section



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	ORILLA ARMS AND		
	ility company was organized under the l	aws of:	
<u>UZ47E</u>	<u> </u>		
	ument/registration number of this limited	d liability company is:	
L1100	0046164		
4. I, <u>ames</u> (Print N	GRAVECEY, hereb	oy resign as a <u>Man</u>	Print Title)
	bility company and affirm the limited lia	ibility company has be	een notified of my
resignation in wr	iting.		2 0g
	the terms of the t		A)AR
Signature of Res	igning-Member, Managing Member or N	/anager	PH 5:
Filing Fee:	\$25.00 (Required)		7 5
Certified Copy:	\$30.00 (Optional)		