

L11000046164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

12 DEC 17 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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

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TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GORILLA ARMS AND ACCESSORIES
(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:

JAMES GRAVELEY
(Contact Person)

GORILLA ARMS
(Firm/Company)

4880 GABRIELONA CANYE
(Address)

OVICHO FL 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES GRAVELEY at (407) 9779975
(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

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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: GORILLA ARMS AND ACCESSORIES LLC.

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

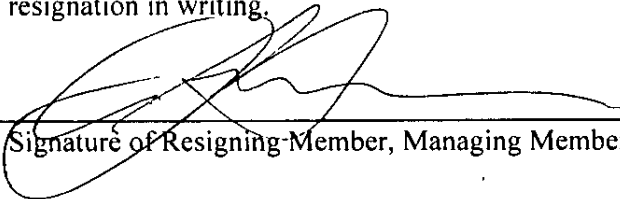
STATE OF FLORIDA

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

L11000046164

4. I, JAMES C. GRAVELEY, 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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