

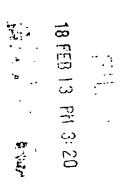
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

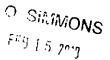




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COVER LETTER

Divisio	on of Corporations			
SUBJECT:	OFF THE X TACTICAL, LLC	2		
SOBSECT.	(Name of Limited Liability Company)			
The enclosed	member, resignation or dissoc	ation and fee(s) are submitted for filing.	
Please return a	all correspondence concerning	this matter to:		
Larry L Lock	II			
	(Contact Person)			
	(Firm/Company)	 .	_	
12117 Pana	ma City Beach Parkway		_	
	(Address)			
Panama City	Beach, Florida 32407			
	(City/State and Zip Code)		-	
For further inf	ormation concerning this matt	er, please call:	:	
Larry L Lock	II	850 at (708-7905	
(Na	me of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclosed plea \$25 Filing	se find a check made payable (Fee		Department of State for: g Fee & Certified Copy	
Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)

TO: Registration Section



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)

1. The name of the limited liability company as i of State is:	it appears on the records of the Florida Department
2. The Florida document/registration number ass L11000064396	igned to this limited liability company is:
3. The date this member/manager withdrew/resig 4. I, (Print Name of Person Resigning) Managing Member	ned or will withdraw/resign is: <u>6 Feb 2018</u> , hereby withdraw/resign as a
(Print Title)	
of this limited liability company and affirm the l resignation in writing.	limited liability company has been notified of my
Signature of Dissociating Member of Resigning	ng Manager