

211 0000 68947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

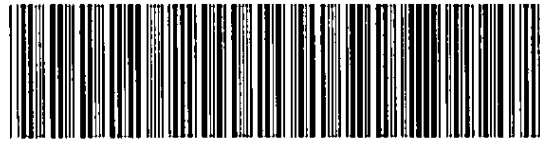
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
NOV 08 2021

Office Use Only



000375501670

10/25/21--01014--018 **25.00

FILED
2021 OCT 25 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRONMAN TOOL DISTRIBUTORS LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRUCE BOTTORFF

(Contact Person)

IRONMAN TOOL DISTRIBUTORS LLC

(Firm/Company)

715 RIVIERA DUNES WAY

(Address)

PALMETTO, FL 34221

(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE BOTTORFF

at (813) 927-3221

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2021 OCT 25 PM 1:05

SECRETARY OF CLERK
TALLAHASSEE

**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 it appears on the records of the Florida Department of State is: IRONMAN TOOL DISTRIBUTORS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L11000068947

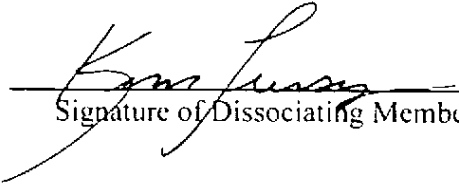
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/27/21

4. I, KIMBERLY TUSSINGER, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

 9/27/2021
Signature of Dissociating Member or Resigning Manager

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