## L120000 12493

(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:				

Office Use Only



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08/12/22--01008--030 \*\*50.00

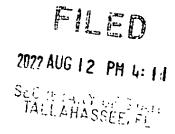


## **COVER LETTER**

TO:	-	stration Section				
	Division of Corporations					
SUBJ	ECT:					
		(Name of	Limited Liability Co	ompany)		
The e	nclosed	d member, resignation or dis	sociation and fee	(s) are submitted for filing.		
Please	e return	all correspondence concern	ing this matter to	:		
Connic	K. Farr	is				
		(Contact Person)		<del></del>		
Whole	sale Trac	ck & Field Sports Equipment Sup	ply, LLC			
	·	(Firm/Company)		<del></del>		
2126 N	1agnolia	Street				
		(Address)	<del></del>	_		
Saraso	ta, FL 3	4205				
		(City/State and Zip Code)				
For fu	rther in	nformation concerning this r	natter, please call	:		
Connie	K. Fart	is	941 at (	243-9259		
-	(N	ame of Contact Person)		e & Daytime Telephone Number)		
Enclos	sed ple	ase find a check made payat	ole to the Florida	Department of State for:		
	5 Filing			ng Fee & Certified Copy		
		g Address:		Street Address:		
		tration Section		Registration Section		
		ion of Corporations Box 6327		Division of Corporations		
		hassee, FL 32314		The Centre of Tallahassee		
	iana	1143300, I L <i>323</i> 14		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E079 (2/14)





## 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)

	e limited liability company as it ap	pears on the records of the Florida Department
		ed to this limited liability company is:
Commin W. Francis		or will withdraw/resign is:   January 1, 2022  , hereby withdraw/resign as a
MGRM	(Print Title)	
of this limited lia resignation in wr		ited liability company has been notified of my
Con	nie K. Farris	)
	issociating Member or Resigning	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

X