L12000077270

(Re	equestor's Name)			
(Ac	dress)			
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Cil	ty/State/Zip/Phone	· #)		
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SECRETARY OF STATE

FILED 2013 JUN 24 PM 2: 39

JUN 25 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VICTORY SUPPLIERS, LLC

(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:

KEVIN SEXTON

(Contact Person)

VICTORY SUPPLIERS

(Firm/Company)

901 LAKEVIEW ROAD

(Address)

CLEARWATER, FL 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN SEXTON

.../2/

461-1488

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appearance of the company as it appearance.	ars on the records of the Fl	orida Departmen	t ,
2. This limited liab	pility company was organized under	the laws of:		
3. The Florida doc L12000077	ument/registration number of this lin	nited liability company is:		
4. I, CHRIS NEAL		, hereby resign as a MGRM		
(Print Name of Person Resigning)		(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limite iting.	d liability company has bee	en notified of my	
	gning Member, Managing Member	or Manager	2013 JUN 24 PH SECRETARY OF TALLAHASSEE, F	70
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)		2: 39 STATE LORID	