112000137658

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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OCT 3 1 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A 1 GUN OUTLET L.L.C.		
Name of Limit DOCUMENT NUMBER: L12000137658	ed Liability	Company
DOCUMENT NUMBER:		
The enclosed Resignation of Registered Agent fo for filing.	r a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this i	matter to th	e following:
United States Corporation Agents, Inc.		
Name of Persor		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		2
Austin, TX 78717		
City/State and Zip Code		보는 보다 보다 보다 보다 보다 보다.
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter, pl	ease call:	
Janna Pantoja	1 800	773-0888 x3950
Name of Person	Area Code) Daytime Telephone Number
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.	Department ly dissolved	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Taffahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
rananassee, 14, 52517	2001 Executive Center Circle	

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the und	lersigned.	
United States Co.	poration Agents, Inc.	_ , hereby resigns as	
Name of Registered Agent		, hereby resigns as	
Registered Agent for	A 1 GUN OUTLET L.L.C.		
	Name of Limited Liability Company		
L12000137658			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability	y company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day aft	er the date on which this statement is filed.	
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation A	gents, Inc.	
	Capacity		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314