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SECRETARY OF STATE TALLAHASSEE, FLORIDA

WAR 1 9 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DEFENSE DISTRIBUTORS (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:
BRIAN FREESPONE (Contact Person)
(Firm/Company)
P. O BOX 700423 (Address)
WABASSOFL 32960 (City/State and Zip Code)
For further information concerning this matter, please call:
Beign FreeTone at (772) 228-8455 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR 16 PM 3: 31

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 it appears on the records of the Florida Department
of State is: DEFENSE DISTRIBUTORS, LLC.
2. The Florida document/registration number assigned to this limited liability company is: L 130 600 1 5 330
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $3 \cdot 11 \cdot 2015$
4. I, DRIAN D. FRESTONE, hereby withdraw/resign as a (Print Name of Person Resigning)
MGMR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)
Certified Copy. \$30.00 (Optional)