(Requestor's Name)	
(Address)	80025837
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	04/04/1401
Certified Copies Certificates of Status	
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## **COVER LETTER**

-	ion of Corporations				
SUBJECT:	Extreme Police Supply, LLC				
	(Name of Limit	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissocia	tion and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning to	his matter to:			
Francisco H	Herretes				
	(Contact Person)		_		
	(Firm/Company)		· -		
6995 NW 4	6th St.		_		
	(Address)		-		
Doral, Flori	da, 33166				
	(City/State and Zip Code)	· <del>-</del>	<del>-</del>		
For further in	nformation concerning this matter	r, please call:			
Francisco H	Herretes	786	4174452		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple  □ \$25 Filing	ase find a check made payable to Fee		Department of State for: g Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration Division of C			Registration Section Division of Corporations		
Clifton Build			P.O. Box 6327		
2661 Executi	ive Center Circle Florida 32301		Tallahassee, Florida 32314		

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)

1. The name of the	limited liability company as	it appears on the records of the Florid	da Department
of State is: Extr	eme Police Supply, LLC		<u> </u>
2. The Florida docs	_	ssigned to this limited liability compa	ny is:
4. I,	arratae	igned or will withdraw/resign is: 12/	31/2013
	(Print Title)		93. TO
of this limited lia resignation in wr		ne limited liability company has been s	notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		