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SECRETARY OF STATE

COVER LETTER

Division of Corporations				
SUBJECT: Archery Angels LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.			
Please return all correspondence concerning the	nis matter to:			
Andrew T. Phillips				
(CORRECT CISOR)				
Archery Angels LLC				
(Firm/Company)				
504 E Virginia Ave				
(Address)				
Tampa Florida 33603				
(City/State and Zip Code)	······································			
For further information concerning this matter	r, please call:			
Nadine Ellen Keris	813 2210103			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\\$55 \text{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 (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)

	limited liability company as it ap	pears on the records of the Florida Department
2. The Florida docu L1300017304	_	ed to this limited liability company is:
4. I, Nadine Ellen (Print N		or will withdraw/resign is: Dec 16)2013, hereby withdraw/resign as a
resignation in wr		ited liability company has been notified of my APR 22 PH
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Manager PR 327