

LH000058805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

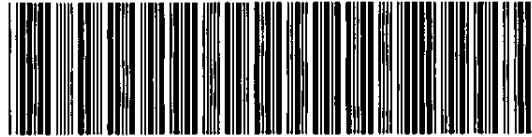
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 21 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Para Bellum Operator Training Center (PBOTC) LLC
(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:

Marianna Maguire
(Contact Person)

PBOTC
(Firm/Company)

27119 W. Balsam Fir Cir
(Address)

Spring TX 77386
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Marianna Maguire at (832) 823-1891
(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



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: Para Bellum Operator Training Center (PBOTC) LLC.
2. The Florida document/registration number assigned to this limited liability company is:
44 0000 58805
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2016
4. I, Marianna Maguire, hereby withdraw/resign as a
(Print Name of Person Resigning)
Owner - President & CEO; member-manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

M. Maguire
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA