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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Para Bellum Operator Training Center (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:
Adrian Amaro (Contact Person)
(Firm/Company)
10120 Lake Vista Ct
Parkland, FL 33076 (City/State and Zip Code)
For further information concerning this matter, please call:
Adrian Amaro at (915) 472.1654 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 appears		
of State is: Par	a Bellum Operator	Training Cer	iter (PBUIC) LL
	ment/registration number assigned to	•	
L1400	058805		
3. The date this me	mber/manager withdrew/resigned or w	rill withdraw/resign is:	12/31/2016
4. I, Adri	ame of Person Resigning), here		
Owner	- Manager . (Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited liting.	iability company has b	ocen notified of my 17 JAN 13
Signature of D	ssociating Member or Resigning Mana	iger	3 F
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		9: 50