

L140000093121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
STATE  
FALL 2015

CRM  
4-8-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DRY FIRE  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000093121

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian Chicles  
Name of Person

3632 Upper Union Rd  
Address

Orlando, FL 32814  
City/State and Zip Code

Richard.Gaski@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Chicles at (407) 257 1492  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Christian Chicles, hereby resigns as  
Name of Registered Agent

Registered Agent for DRY FIRE, LLC

Name of Limited Liability Company

L14000093121  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

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STATE OF FLORIDA  
TALLAHASSEE