L14000156482

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
<u> </u>		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 777 Shotqun Group, LLC (Name of brinited Liability Company)
(Name of Frances Elability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
GIENN BIOSNICK (Contact Person)
MAN Shotgun Group, LLC (Firm/Company)
777 Shotgun Rd-
Suncise FL 33326 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 224-2557 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$\\$\\$\$ \$\\$\$ \$\\$\$ Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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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 I	limited liability company as it appears on the records of the Florida Department
of State is:	77 Shotgun Group, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L14001	0156482
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is:
4. I. David (Print No.	J. Dlante of Person Resigning), hereby withdraw/resign as a
•	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my
Signature of Dis	sociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)