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(Re	equestor's Name)	· -			
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(Cit	ty/State/Zip/Phone	e #)			
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(Bu	siness Entity Nar	ne)			
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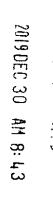
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Underhone Ar	mor
(Name of Limited Liabi	ility Company)
The enclosed member, resignation or dissociation an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to:
Denzil Randolph (Contact Person)	
Under home Armor (Firm/Company)	
12355 62nd ST. N. unit B	?
Largo, FL. 33773 (City/State and Zip Code)	
For further information concerning this matter, pleas	
Denz-1 Randolph at (7 (Name of Contact Person) (Area	27) 488 - 4395 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$\infty\$ \$25 Filing Fee \$\square\$ \$\$S55\$	Filing Fee & Certified Copy
Mailing Addmiss.	C
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

1. The name of the	limited liability com	ipany as it ap	pears on the records	of the Florida l	Departmen
of State is:	Underhome	Armor	, LLC		
2. The Florida doc	ument/registration nu	ımber assigne	ed to this limited liab	oility company	is:
L14000	185226				
3. The date this mo	ember/manager withd	rew/resigned	or will withdraw/re	sign is: 12/z	7/19
4.1, Robert (Print A	C. GETEK Jame of Person Resigning	;)	. hereby withdraw/re	esign as a	
Mana	ger (Print Title)	·			
of this limited lia resignation in wr	bility company and a iting.	ffirm the lim	ited liability compan	iy has been noti	fied of my
	Sociating Member o	or Resigning !	 Manager		
	\$25.00 (Required \$30.00 (Optional)		·	23 TO DE CO	2014 UEU 30
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