## L150000004585

<u> </u>	(Requestor's Name)			
<u> </u>	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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1.1.19/15 13/19/15

## COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: First Calibur Security Training & Logi	stic, LLC.
(Name of Limited Liabili	ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Bruce T. Gaines	
(Contact Person)	<del></del>
First Calibur Security Training & Logistic, LLC.	
(Firm/Company)	
4948 Six Oaks Drive	
(Address)	
Tallahassee, FL 32303	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please	call:
Bruce T. Gaines 850	556-9660
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor  □ \$25 Filing Fee  □ \$55	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Pagistration Section	MAILING ADDRESS: Registration Section

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

CR2E079 (2/14)

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:	Calibur Security Training	& Logistic LLC.
2. The Florida docu	ument/registration number as	ssigned to this limited liability company is:
L1500000458	5	
		signed or will withdraw/resign is:
4. I, Tracy Grullon (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	lame of Person Resigning)	,,
Manager		
	(Print Title)	
resignation in wr	iting.	ne limited liability company has been notified of my
,	Aulin	
	issociating Member or Resig	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	