115000207325

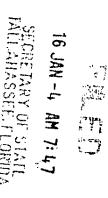
(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	_				





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01/04/16--01018--014 **25.00



JAN 05 2016 J SHIVERS

COVER LETTER 7

	stration Section sion of Corporations		
SUBJECT:	Speed Shooter Specialties,		
	(Name of Lin	ited Liability C	ompany)
The enclosed	d member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please return	all correspondence concerning	this matter to	:
Gloria I. Pe	erez Turell		
	(Contact Person)		_
Speed Sho	oter Specialties, LLC		
	(Firm/Company)		_
12620 Bea	ch Blvd, Suite 3 #312		
	(Address)		_
Jacksonvill	e, FL 32246		
	(City/State and Zip Code)		
For further in	nformation concerning this matt	er, please cal	l:
Nelson R. (Colon	904 at (402-1045
(N	lame of Contact Person)	_ `	de & Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable of Fee		Department of State for: ng Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of O	Section Corporations		Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building
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)

	the limited liability company as peed Shooter Specialties, LI	s it appears on the records of the Flo	orida Department
2. The Florida d	locument/registration number a	ssigned to this limited liability com	pany is:
L15000220	7525		
3. The date this	member/manager withdrew/res	signed or will withdraw/resign is: _	Dec. 28 2015
4. I,	J Colon Perez	. hereby withdraw/resign as a	
(Pri	nt Name of Person Resigning)	, hereby withdraw/resign as a	
Authorized	i Member		
	(Print Title)		_,
of this limited resignation in		ne limited liability company has bee	en notified of my
16	Am Joan		TARY TARSSET
Signature of	Dissociating Member or Resig	gning Manager	# 7: 17:51/
Filing Fee:	\$25.00 (Required)		夏夏 5

Certified Copy:

\$30.00 (Optional)