

L16000026086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

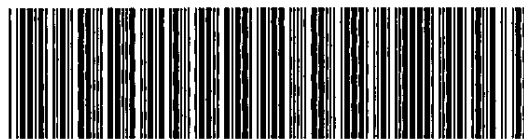
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100297483071

04/03/17--01033--002 **25.00

17 APR -3 A 10:31
SECRETARY OF STATE
TAMMSEEE.FLORIDA

FILED

S Warren
APR 04 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIRATE FIREARMS LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN A. BIAGIOTTI

(Contact Person)

(Firm/Company)

1106 NW 13TH TERRACE

(Address)

STUART FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN A. BIAGIOTTI

at 561 317-9297

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

→ **MAILING ADDRESS:**

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: PIRATE FIREARMS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000026086

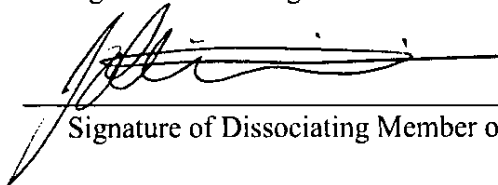
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/20/17

4. I, John A. Biagiotti, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


MGB
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
117 APR - 3 A 10 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA