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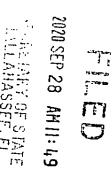
(Requestor's Name)					
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10/31/20

COVER LETTER

SUBJECT: WOLF TACTICAL ARMS	e of Limited Liability	Company	
DOCUMENT NUMBER: L17000084			
The enclosed Resignation of Registered for filing.	Agent for a Limited	Liability Company and fee are so	ıbmitte
Please return all correspondence concert	ning this matter to tl	ne following:	
United States Corporation Agents, In	nc.		
Name of Person			
LegalZoom.com, Inc.			
Name of Firm/Compan	ıy		
101 North Brand Blvd. 11th Floor			
Address			
Glendale, CA 91203			
City/State and Zip Cod	e	•	
raresignations@legalzoom.com			
E-mail address: (to be used for future annu	ial report notification)		
For further information concerning this	matter, please call:		
Joyce Yi	800	773-0888 x7789 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	

liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

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TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Stati	utes, the undersigned,			
United States Corporation Agents, Inc.		, hereby resigns	, hereby resigns as		
Name of Registered Agent					
Registered Agent for	OLF TACTICAL ARMS, LLC				
	Name of Limited Liability Cor	npany			
L17000084679					
Document No	imber, if known				
A copy of this resignation	on was mailed to the above listed lin	nited liability company at its la	ast known ad	dress.	
The agency is terminate	d and the office discontinued on the	31st day after the date on whi	ich this stater	nent is	s tiled.
	Signature of Re	Signing Agent		2020 SEP	.
If signing on behalf of a	n entity:			\sim	Luans Land
	Cheyenne Moseley		ASS T	8	
	Typed or Printed N	ame	CO CO CO CO CO CO CO CO CO CO CO CO CO C	AH 11: 49	[
	Asst. Secretary for United States C	orporation Agents, Inc.	7 F	==	**************************************
	Capacity		<u>m</u>	6	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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