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(Re	questor's Name)			
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S. WARREN AUG 2 2 2017

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: PATRIOT OPTICAL, LLC		
(Name of Lim	ited Liability Con	npany)
The enclosed member, resignation or dissocia	ation and fee(s	e) are submitted for filing.
Please return all correspondence concerning	this matter to:	
TOM MURPHY		
(Contact Person)		_
T. P. MURPHY'S LAW P. A.		
(Firm/Company)		=
555 NE 34th STREET, SUITE 603		
(Address)		_
MIAMI, FL 33137		
(City/State and Zip Code)		-
For further information concerning this matter	er, please call:	
TOM MURPHY	305 at (978-5817
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		randidosco, riorida 52514

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)

	limited liability company as	s it appears on the records of the	Florida I	Depart	tment
2. The Florida doc L1700016095	•	ssigned to this limited liability co	ompany i	s:	
4. I. KURT GARI	DNER	signed or will withdraw/resign is:, hereby withdraw/resign as		2017	
MGRM	iame of Person Resigning) (Print Title)				
of this limited lia resignation in wr	bility company and affirm th	ne limited liability company has been limited liability liability.	oeen noti	fied o	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		となった。	17 AUG 21 AM	