118000014891

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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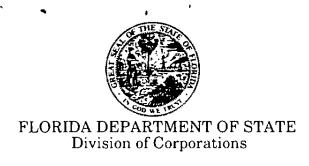


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TALLAIDASSEE PALE

3. PRATHET



February 21, 2019

MICHAEL GAGNER 453 SW TARRA AVE PORT ST LUCIE, FL 34953

SUBJECT: CIVILIAN COMBAT TRAINING LLC

Ref. Number: L18000014891

We have received your document for CIVILIAN COMBAT TRAINING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 919A00003747

Stacy Prather Regulatory Specialist III

RFCEIVED

MAR 0 7 2019

www.sunbiz.org

Florida Department of State Division of Corporations

February 02/09/2019

RE: Document Number L18000014891

I would like to remove Shawn Przybylek from being an Agent/Registered from Civilian Combat Training LLC. Effective immediately please.

Thank you

Michael Gagner Civilian Combat Training LLC 453 SW Tarra Ave Port Saint Lucie, FL 34953 561-267-5357

2019 FF 3 11 FM 12: 117

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Civilian Combat Training LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L18000014891</u>
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Cagner Name of Person
Civilian Compat Training LLC Name of Firm/Company
453 SW Tarra Ave
Port Saint Lucie, FL 34953 City/State and Zip Code
<u>Civilian Combat Training @ aol. Com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Caenar at (561-) 267-5357 Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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

Registration Section

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0113	5, Florida Statutes, tl	ne undersigned.			
Shawn	Przyby	Nek	, hereby resign	s as		
ì	Same of Registered Agen					
Registered Agent for	Civilian (Combat Tr	aining LL	-C		_
·	Name of Limi	ited Liability Company				_•
L18000011	1891					
Document Num						
A copy of this resignation	was mailed to the a	bove listed limited l	iability company at its	last known a	address	i.
The agency is terminated	and the office discor	ntinued on the 31st c	lay after the date on wi	hich this stat	ement	is filed.
-		Signature of Resigning	Agent L			
If signing on behalf of an	entity:			TALL	2019 MAR -7	- F
-	Ту	yped or Printed Name		ÄLLAHASSEE.		
-		Capacity		SECTION FOR	PM 4:54	
	FILING : \$ 85.00 \$ 25.00	Active limited liab Administratively of	oility company lissolved/ voluntarily I liability company	dissolved/		

Make checks payable to Florida Department of State and mail to:

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