

1180000 76066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

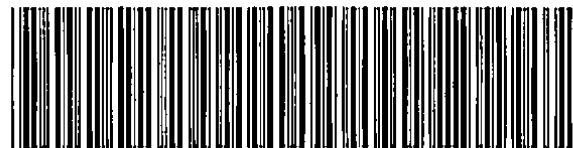
(Business Entity Name)

(Document Number)

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AUG 01 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crew Rifle 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:

Jeffery Mayberry
(Contact Person)

Crew Rifle
(Firm/Company)

966 Eleanor Ave
(Address)

Deltona FL 32725
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Mayberry at (386) 333 4991
(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: Crew Rifle LLC

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

L18000076066

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 26, 2019

4. I, Jeffrey Mayberry, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member
(Print Title)

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

Jeffrey Mayberry
Signature of Dissociating Member or Resigning Manager

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