

L18000184223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

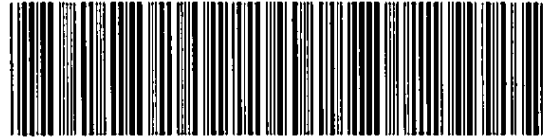
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 AUG -9 AM 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 14 2013  
T. LEMMEY

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DownRange Security Solutions 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:

M. Smith Tennyson  
\_\_\_\_\_  
(Contact Person)

DownRange Security Solutions LLC  
\_\_\_\_\_  
(Firm/Company)

3480 Kings Road South  
\_\_\_\_\_  
(Address)

Saint Augustine / FL 32086  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

M. Smith Tennyson                      904              535-9725  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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: DownRange Security Solutions LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000184223

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/01/2019

4. I, Lewis Chandler, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

CEO

*(Print Title)*

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

*Lewis Chandler*  
Signature of Dissociating Member or Resigning Manager

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

2019 AUG -9 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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