## 118000274122

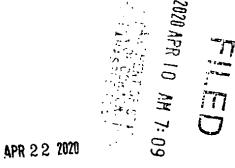
(Re	questor's Name)				
(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

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S. YOUNG

## COVER LETTER .

10:	_	sion of Corporations			
SUBJEC	ECT:	YE-DO DYNAMIC WEAPONS LLC			
		(Name of Limited Liability Company)			
The er	nclosed	I member, resignation or dissociation and fee(s) are submitted for filing.			
Please	return	all correspondence concerning this matter to:			
	2CG	ueline Defrees (Contact Person)			
	le-d	O Dynamic Weapons (Firm/Company)			
	1111	Stirling Rd. *50+			
	Da	(City/State and Zip Code)			
For fur	rther ir	nformation concerning this matter, please call:			
<u>Ja</u>	gue (N	eline DefreeS at (954) 682-62-55 (Area Code & Daytime Telephone Number)			
Enclos  ☐ \$25	-	ase find a check made payable to the Florida Department of State for:  g Fee   \$\sum \$\$55 Filing Fee & Certified Copy			
		ng Address: Street Address: Registration Section			

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



## 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 O DYNAMIC WEAPONS LLC	it appears on the records of the	e Florida Depart	ment
2. The Florida doc	ument/registration number as	ssigned to this limited liability o	company is:	
L1800	0274722	·		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign i	1/20/2020 s:	
4. I, ANTONIO BRO	own lame of Person Resigning)	hereby withdraw/resign	as a	
CHIEF FINANC	AL OFFICER AMBR			
of this limited lia resignation in wr	• •	e limited liability company has	been notified o	fmy
antonis	Burn	<del></del>		
Signature of Di	ssociating Member or Resig	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ا د الماريور د الماريور	207n af