L100000 57137

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COVER LETTER

Division of Corporations	
Christian Surplus Power Tools, LE	.C
(Name of L	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to:
Melissa Johnson	
(Contact Person)	
Christian Surplus Power Tools, LLC	
(Firm/Company)	
4408 Foxwood Blvd	
(Address)	
Wesley Chapel FL 33543	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Melissa Johnson	813 508-9332 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl S25 Filing Fee	e to the Florida Department of State for: S55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FILED

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SECRETARY OF STATE.

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
	istian Surplus Power Tools, LLC
2. The Florida docs	iment/registration number assigned to this limited liability company is:
L1900009	57137
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a lame of Person Resigning)
(Print N	ume of Person Resigning)
Manager	
	(Print Title)
resignation in wr	
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)