## LI9CCCC S4752

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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R. WHATE.

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Shaw Outdoors, LLC	
SODJE		mited Liability Company)
The end	closed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to:
Adam S	haw	
	(Contact Person)	<del></del>
Shaw Or	utdoors LLC	
	(Firm/Company)	<del></del>
2762 W.	. Beaver St	
	(Address)	
Jackson	ville, FL 32254	
	(City/State and Zip Code)	
For fur	ther information concerning this ma	ter, please call:
Adam S	haw	904 387-1804 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	• •	to the Florida Department of State for: ☐ \$55 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 81



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## 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 it appears on the records of the Florida Department Outdoors, LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. 1, Ricky Davis	, hereby withdraw/resign as a a ame of Person Resigning)
Title Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting!
Signature of D	ssociating Member or Resigning Manager
~	\$25.00 (Required) \$30.00 (Optional)