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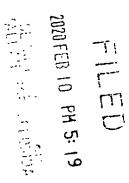
(Requestor's Name)	
(10400001010110)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
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Special Instructions to Filing Officer.	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: REAVER TACTICAL 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:				
Joshva Newton (Contact Person)				
(Firm/Company)				
815 N. Homesteal BluB#251				
Homesteul FL 33030 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Name of Contact Person) at (786) 547 2520 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

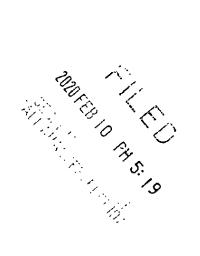
2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314







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 a	ppears on the rec	ords of the Florida Department
of State is:	EAVER TAC	TICAL	LLC
2. The Florida docu	ment/registration number assign	ned to this limited	l liability company is:
L190	200137158	 .	
3. The date this mer	mber/manager withdrew/resigne	ed or will withdra	w/resign is: $5/21/2019$
	W Newton ame of Person Resigning)		
	Print Title)		
of this limited liab resignation in wri	oility company and affirm the li	mited liability cor	mpany has been notified of my
Signature of Di	ssociating Member or Resigning	g Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
Continua Copy.	Contonal)		