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12/11/23--01035--014 **25.00

6-11-9

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATOR FIRE SYSTEMS, 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:

STEPHEN M. STONE, ESQ.

(Contact Person)

STEPHEN M. STONE ATTORNEY AT LAW

(Firm/Company)

725 N. MAGNOLIA AVENUE

(Address)

ORLANDO, FLORIDA 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN M. STONE

at (407) 423-7910

(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

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



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: GATOR FIRE SYSTEMS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000024152

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/05/23

4. I, PATRICK J. ARMSTRONG, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMEBER

(Print Title)

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

\$ *Patrick J. Armstrong*
Signature of Dissociating Member or Resigning Manager

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