## K210000071375

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

Office Use Only



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## **COVER LETTER**

TO: Registration Section				
Division of Corporations				
SUBJECT: The Bunker Pawn & Gun LLC				
(Name of Lim	nited Liability Co	ompany)		
The enclosed member, resignation or dissocration	iation and fee	e(s) are submitted for	filing.	
Please return all correspondence concerning	this matter to	<b>)</b> :		
Brian Sidenberg				
(Contact Person)		<del></del>		
The Bunker Pawn & Gun LLC				
(Firm/Company)	<del></del>	<del></del>		
1043 W. Hwy 50				
(Address)		_	• .	2
Clermont, FL 34711				021 0
(City/State and Zip Code)			Ĩ.M.	
For further information concerning this matt	er, please call	1:		T 18 AFH: 17
Brian Sidenberg	805 at (	906-9695	<del>- 171</del> -2-2	
(Name of Contact Person)		de & Daytime Telephor	ne Number)	7
Enclosed please find a check made payable t  ≤ \$25 Filing Fee		Department of State ng Fee & Certified Co		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



## 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: The B	unker Pawn & Gun LLC	<del></del>	
2. The Florida docu L21000071375	nment/registration number as	ssigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	
4. I. Zachary M. Poloi	niecki	hereby withdraw/resign as a	
MGRM	ume of Person Kesigning)		
	(Print Title)		
of this limited lial resignation in wri		e limited liability company has been notified of my	1
Signature of Di	ssociating Member or Resig	ning Manager $\frac{1}{8}$	- 13 - 13 - 13
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		i (