L21000149101

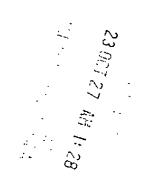
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☐ PICK-UP ☐ WAIT ☐ MAIL
MAIL WAIT
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: IMJ FIREARMS LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000149101	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.0115, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		hereby resigns as		23	
Name of Registered Agent	Name of Registered Agent	Hereby resigns as	-	9	
Registered Agent for IMJ	MJ FIREARMS LLC		•	- • •	
_				, r.,	
	Name of Limited Liability Company	· - ·	•	 ,	
L21000149101			;	28	
Document 8	Sumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liability c	ompany at its last ki	nown ad	dress.	
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which th	nis stater	nent is f	īled.
	Signature of Resigning Agent				
If signing on behalf of	an entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Age	nts, Inc.			
	Capacity				

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314