L21000428531

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





600397724826

11/15/22--01037--002 **13600.00

2022 NOV 15 PH 5: 3

of 2/14/2023

COVER LETTER

GUN RUNNERS FIREARMS LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000428531 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chelsea Chapman Name of Person Legaline Corporate Services, INC. Name of Firm/Company 10601 Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section

Division of Corporations

TO:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011:	5, Florida Statutes, the un-	dersigned,			
Legalinc Corporate Services, INC.		, hereby resigns as			
Name of Registered Age		_ , ;			
Registered Agent for GUN RUNNERS FIREA	RMS LLC			_	
Name of Lim	ited Liability Company	<u> </u>		 '	
L21000428531					
Document Number, if known					
A copy of this resignation was mailed to the a					
The agency is terminated and the office disco	Signature of Resigning Agen	lan_		i iii iiic	
If signing on behalf of an entity:			(12)	2(
Chelsea Chapman			E CR	2022 NOV 15	
T	yped or Printed Name		51	VΟV	نياتي
On Behalf of Legaline	Corporate Services, INC.		S	<u></u>	****
	Capacity		SSEE, F	PM 5: 3	
FILING S 85.00 S 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/voluntarily dissolved ility company	ν L <u>y</u>	37	

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