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(Requestor's Name)				
				
(A	ddress)			
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(A	ddress)			
	:h :/C4=4=77:=104	40		
(C	ity/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name	e)		
(D	ocument Number)			
Certified Copies	Certificates of	of Status		
_				
Special Instructions to Filing Officer:				
		,		
	-			

Office Use Only



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COVER LETTER

_	stration Section sion of Corporations		
DIVI	sion of Corporations		
SUBJECT:	All Star Outdoors LLC		
	(Name of	Limited Liability C	ompany)
The enclose	d member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please return	n all correspondence concern	ing this matter to	o:
Joseph Camus	SO .		
	(Contact Person)		_
All Star Outdo	ors LLC		
_ ,	(Firm/Company)		
34140 Medlin	Lane		
	(Address)		
Lillian, AL 36	549		
	(City/State and Zip Code)		
For further i	nformation concerning this n	natter, please cal	1:
Joseph Camus	(0)	850 at (490-7895
4)	Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed ple □ \$25 Filin	ease find a check made payat g Fee	ole to the Florida \$55 Filin	Department of State for: ng Fee & Certified Copy
Regi Divi	ng Address: stration Section sion of Corporations Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	ahassee. FL 32314		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)

		y as it appears on the records of the	e Florida Department
		er assigned to this limited liability o	company is:
3. The date this me	mber/manager withdrew/	/resigned or will withdraw/resign i	s: 04/25/2022
4. I. Steven	Cole Seely 'ame of Person Resigning)	, hereby withdraw/resign a	as a
_member	OWNEC (Print Title)	<u>-</u> :	
of this limited lial resignation in wri		n the limited liability company has	been notified of my
Atereu	Cole Dudge ssociating Member or Re		
Signature of Di	ssociating Member or Re	esigning Manager	9899
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		0899 Hill - 3
	- '		