L22000298816

(Requestor's Name)
(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:





300432876453

97/11/24--01972--019 **25.00

2024 JUL 11 AM IO: 39

WERNEN AND SEE FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Edge Out dex (Name of Limited Li	iability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	natter to:
Wester C Edge	
Edge outdoors U	
4125 Lake Sand	ers Dr.
Mt. Was FL. 32	157
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (352) 551-180Z Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO: Registration Section



FILED 2024 JULII AM 10: 39

TALLAHASSEE, FLORIDA

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: EDGE OUTDOORS LLC
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5.18.29
4. I. Tora hereby withdraw/resign as a (Print Name of Person Resigning)
Title magec.
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Law Hoghant
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)