## #11/10000003/21

(Req	juestor's Name)	· · · -
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Consideration to F	11: Off:	
Special Instructions to F	lling Officer:	
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## **COVER LETTER**

TO:

Registration Section

Division of	Corporations		·
SURIECT: Libe	rty Ammunition LLC		
SUBJECT.		reign Limited Liability	Company)
Dear Sir or Madam:			
Dear Sir of Madain.			
The enclosed withdr	rawal and fee(s) are submitt	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	;
Corinne Schroe	eder		
	(Name of Person)		
Liberty Ammur	nition INC		
	(Firm/Company)		
2325 Ulmerton	Road STE 14		
	(Address)		
Clearwater FL	33762		
	(City/State and Zip Coo	le)	
For further informat	ion concerning this matter, p	please call:	
Corinne Schroe	eder	at (727	239-7252
(N	ame of Person)		Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
☑ \$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	<ul><li>\$60 Filing Fee, Certificate of Status &amp; Certified Copy</li></ul>

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Liberty Ammunition LLC
(Name of limited liability company)
The second se
Delaware
(Jurisdiction of its organization)
M1000003121
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
2325 Ulmerton Road STE 14 (Mailing address)
Clearwater FL 33762 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Corinne Schroeder
(Typed or printed name of signee)

Filing Fee: \$25.00