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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

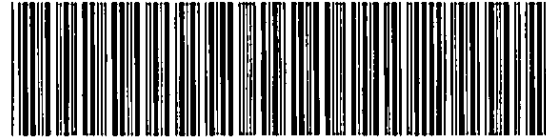
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ft. Chaffee Rangers, LLC, a Nevada Limited Liability Company  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William M. Holland, Jr.

\_\_\_\_\_  
(Name of Person)

Ft. Chaffee Rangers, LLC

\_\_\_\_\_  
(Firm/Company)

1725 E. 8th Avenue

\_\_\_\_\_  
(Address)

Tampa, Florida 33605

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Holland, Jr.

\_\_\_\_\_  
(Name of Person)

813 \_\_\_\_\_  
at ( \_\_\_\_\_ )

988-9894  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

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

### 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

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ft. Chaffee Rangers, LLC, a Nevada limited liability company

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

09/28/2011

(Date registered with Florida Department of State)

M11000004890

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

William M. Holland Jr., a manager  
(Signature of authorized representative)

William M. Holland, Jr., a manager  
(Typed or printed name of signee)

Filing Fee: \$25.00