MIT 000001485

(Re	questor's Name)		
(ive	questor s trame)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(50	oness entry man	,	
(LC	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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COVER LETTER

T O :	Registration S Division of Co			·
SUBJE	CT:	Veteran P (Name of For	Irms LL eign Limited Liability	Company)
Dear Sir	or Madam;			
The encl	losed withdraw	al and fee(s) are submitte	d for filing.	
Please re	eturn all corres	pondence concerning this	matter to the followin	g;
	Cha.	(Name of Person)	(6-	_
	Vete	(Firm/Company)	s LLC	-
	48 Pil	newood Dr (Address)	ive	_
	_	Abus, MS 3 (City/State and Zip Cod	29702	_
For furth	ner information	concerning this matter, p	lease call:	
(Maria (Nam	es Misulia e of Person)	at (70 6 (Area Code 8	577-3475 Daytime Telephone Number)
	Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	d is a check fo	r the following amount:		
₫\$25 F	Filing Fec	☐ \$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

Veteran Arms LLC (Name of limited liability company)	
(Jurisdiction of its organization) 2/17/20/7 (Date registered with Florida Department of State)	
(Jurisdiction of its organization)	
2/17/2017	
(Date registered with Florida Department of State)	
<u> </u>	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirement	ts
this date will not be listed as the document's effective date on the Department of State's records	
011 m	
(Signature of authorized representative)	

Filing Fee: \$25.00

(Typed or printed name of signee)