

P13 0000017121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

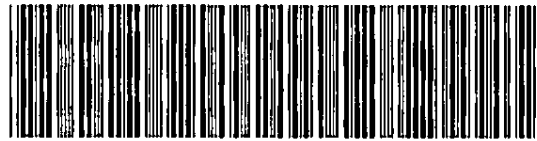
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300375909543

Resignation
to RA

11/02/21--01012--021 **35.00

FILED
2021 NOV -2 AM 9:21
SECRETARY OF STATE
OFFICE OF THE CLERK

A. RAMSEY

NOV 17 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Liberty Custom Ballistics, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P13000017121

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

United States Corporation Agents, Inc.

(Name of Person)

Legalzoom.com, Inc.

(Name of Firm/Company)

9900 Spectrum Dr.

(Address)

Austin, TX 78717

(City/State and Zip Code)

For further information concerning this matter, please call:

800 773-0888

at (

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

2021 NOV -2 AM 9: 21

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, United States Corporation Agents, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Liberty Custom Ballistics, Inc.

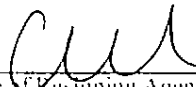
(Name of Corporation)

P13000017121

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheyenne Moseley

(Typed or Printed Name)

Asst. Secretary for United States Corporation Agents, Inc.

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314