L21000128759

(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:		

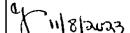
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HD MOTORSPORTS REI	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000128759	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to tl	ne 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	•
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the u	ndersigned,
United States Corp	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	; hereby resigns as
Registered Agent for <u></u>	ID MOTORSPORTS RENTALS LLC	
		•
	Name of Limited Liability Company	
L21000128759		
Document No	amber, if known	
A copy of this resignation	on was mailed to the above listed limited liabil	ity company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day a	after the date on which this statement is filed.
	(111	
	Signature of Resigning Age	nı
If signing on behalf of a	n entity:	202
	Cheyenne Moseley	3 OC
	Typed or Printed Name	— <u>့</u>
	Asst. Secretary for United States Corporation	Agents, Inc.
	Capacity	
		Agents, Inc. PH 5: 17
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited lia	company olved/voluntarily dissolved/ bility company

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