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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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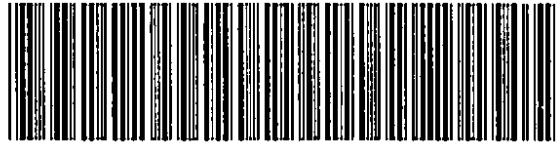
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MAY -3 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FL



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAY -3 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FL

April 21, 2022

HENRY GILBERT
14201 SW 48TH COURT
MIRAMAR, FL 33027

SUBJECT: KORTHOFF/GILBERT RACING, LLLP
Ref. Number: A17000000649

We have received your document and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$2.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a LIMITED LIABILITY LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 422A00009373

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KONTHOFF/GILBERT RACING, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000000649

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HENRY GILBERT

Contact Person

Firm/Company

14201 SW 48 CT

Address

MIRAMAR, FL 33027

City, State and Zip Code

HENRY@GILBERTRACING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY GILBERT

Name of Contact Person

at (954) 258 6613

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

HENRY GILBERT

Name of Registered Agent

2027 MAY -3 PM 5:38
dersigned,

SECRETARY OF STATE
TALLAHASSEE, FL

Registered Agent for KORTHOFF/GILBERT RACING, LLP
Name of Limited Partnership or Limited Liability Limited Partnership

A17000000649

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.

Wendell

Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50