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Jul 14, 2003 8:00 am
Secretary of State
05-05-2003 90088 049 ****50.00

5/5/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008429

1. Entity Name
MARCOS RACING USA, L.L.C.

55051045

[redacted]

Principal Place of Business	Mailing Address
2090 MONTECITO AVENUE DELTONA FL 32738	2090 MONTECITO AVENUE DELTONA FL 32738

2. Principal Place of Business		3. Mailing Address	
2090 Montecito Ave.		2090 Montecito Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Deltona, Florida		City & State: Dletona, Florida	
Zip: 32738	Country: USA	Zip: 3738	Country: USA.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 48-1268506 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LASSALLY, TEODORO R
2090 MONTECITO AVENUE
DELTONA FL 32738

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City , FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Lassally, Teodoro R 2090 Montecito Ave. Deltona, FLorida 32738 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GUILLERMO LASSALLY 2090 Montecito Ave. Deltona, FLorida 32738 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4-30-03 386-789-8122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #