L02000021832

(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		
SUBJ	VELOCITY MOTORSPORTS, LL	C	
	(Name of Lin	mited Liability Co	ompany)
The e	nclosed member, resignation or dissoc	ciation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to):
Willia	m Schroeder, Personal Representative		
	(Contact Person)		.
	(Firm/Company)		
3 Cree	kview Way		
	(Address)		_
Ormoi	nd Beach, FL 32174		
	(City/State and Zip Code)		
For fu	arther information concerning this mat	tter, please call	l:
Willia	m Schroeder	386 at (527-0393
	(Name of Contact Person)		de & Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida	Department of State for:
≡ \$2	5 Filing Fee	🗆 \$55 Filii	ng Fee & Certified Copy
			(C)
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	s it appears on the records of th	ne Florida	. Depa	rtment
2. The Florida docu 102000021832	ument/registration number a	assigned to this limited liability	company	y is:	
3. The date/this his	Ther/manager withdraw/ss	signed or will withdraw/resign	is:	2020	
Mark A. Vandev	ender, deceased	пуіхэкчанын түң автык,	K 3K 3K 2S		
(Print A	lame of Person Resigning)	nereby withmaw/reingh	i dir tt		
	ember/director				
	(Print Title)				
of this lingited lia resignation in wr		he limited liability company ha	is been no	otified	of my
William Schroed	ler, Pers. Rep. Estate	of Mark A. Vandevender		~.1	
Signature of Di	ssociating Member or Resi	gning Manager		25 AON 543	•
Filing Fee:	\$25.00 (Required)		•	25	a
Certified Copy:	\$30.00 (Optional)		· ·	PH 4: 55	7