# 104000048226

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
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10 MAR 25 PH 12: 27

D. BRUCE

MAR 26 2010

**EXAMINER** 

### **COVER LETTER**

SUBJECT: LOND	OON CREEK RACING The arms of Limited Liability Co	G, LLC	_
DOCUMENT NUMBER:	L04000048	•	
The enclosed Resignation of Register for filing.	red Agent for a Limited Li	ability Company and fe	e are submitted
Please return all correspondence cond	cerning this matter to the f	ollowing:	
Shari J. Elessa Name of Person	ar		
Name of Firm/Com	pany		10 MAR
5849 Okeechobee Blvd Address	Suite 201		25 PH
West Palm Beach, Fl City/State and Zip C	L 33417	LOKIUA	PHIZ: 27
E-mail address: (to be used for future a	•		
Shari J. Elessar Name of Person	at ( <u>626</u> ) Area Code & l	593-6792 Daytime Telephone Numb	<del></del> per

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section
Division of Corporations

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

#### STREET ADDRESS:

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2)	2) or 608.509, Florida Statutes, the undersigned,	
S	HARI J. ELESSAF	R , hereby resigns as	
	Name of Registered Agent		
Registered Agent for	LC	ONDON CREEK RACING, LLC	
	Name of Limite	ted Liability Company	1
	048226		
Document Nui	nber, if known		
A copy of this resignation	n was mailed to the abo	pove listed limited liability company at its last known address.	
The agency is terminated	and the office disconti	tinued on the 31st day after the date on which this statement is	filed
		Signature of Resigning Agent	
If signing on behalf of ar			
	Тур	ped or Printed Name	
		Capacity 50	
	FILING F \$ 85.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	7
	\$ 25.00	withdrawn limited liability company	

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