

LO50000 32837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

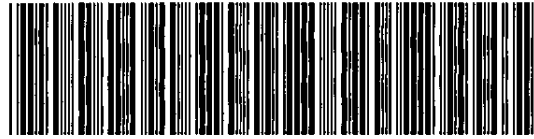
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
FILED

14 DEC 18 AM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 22 2014  
J. LEMIEUX  
*[Signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Charlotte Motorsports LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 105000032837

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wolodymyra B. Gesford  
Name of Person

Charlotte Motorsports LLC  
Name of Firm/Company

1110 Tamiami Trail  
Address

Punta Gorda, FL 33950  
City/State and Zip Code

admin@destination-powersports.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wolodymyra B. Gesford at ( 941 ) 639 2155 x206  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

William Shenk

Name of Registered Agent

, hereby resigns as

Registered Agent for Charlotte Motorsports LLC

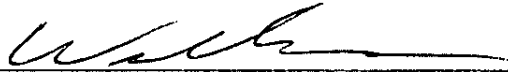
Name of Limited Liability Company

L05 0000 32837

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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