

L05000032837

(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:



600267547336

12/18/14--01006--018 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 18 AM 9:23

Office Use Only

CL
12-24-14

COVER LETTER

* **TO:** Registration Section
Division of Corporations

SUBJECT: Charlotte Motorsports LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Wolodymyra B Gesford
(Contact Person)

Charlotte Motorsports LLC
(Firm/Company)

1110 Tamiami Trail
(Address)

Punta Gorda, FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

Wolodymyra B Gesford at (941) 639-2155 x206
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 DEC 18 AM 9:23

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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Charlotte Motorsports LLC

2. The Florida document/registration number assigned to this limited liability company is:

L 05000032837

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-12-14

4. I, William Stewik, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

x [Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)