Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name ; Ala REGISTERED AGENT INC.

Account Number : 120090000032 Phone : (866)703-8828 Fax Number : (561)202-8082

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### LLC REGISTERED AGENT RESIGNATION FLORIDA SIDEWALK SOLUTIONS LLC

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Page Count	02
Estimated Charge	\$85.00

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Corporate Filing Menu

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2010-05-05 09:45:47 EDT

15615166320 From: Tara Miller

## Duane Morris

DUANE MORRIS ILP 2700 NORTH MILITARY TRAIL, SUITE 300 BOCA RATON, FL 33431 PHONE: 561,962,2100 FAX: 561,962,2101

# FACSIMILE TRANSMITTAL SHEET

To:

FIRM/COMPANY:

FACSIMILE NUMBER:

18506176383

CONFIRMATION

TELEPHONE:

FROM:

Tara Miller

DIRECT DIAL:

DATE:

2010-05-05 09:45:21 EDT

USER NUMBER:

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Fax Filing - C IV Motorsports LLC

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08:11A FROM:A1A REGISTED AGENT I (561) 202-8082

TO: 18506176383

P.2

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	4100001064342	
RESIGNATIO	N OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY	
Pursuant to the provisions of se	ction 608,416(2) or 608,509, Florida Statutes, the undersigned,	
	ERED AGENT INC. hereby resigns as	
Name	Registered Agent	
Registered Agent for	FLORIDA SIDEWALK SOLUTIONS LLC	
	Name of Limited Liability Company	
L050000641		
	nailed to the above listed limited liability company at its last known address.	
The agency is comminated and o	coffice discontinued on the 31st day after the date on which this statement is filed.  Ima Signature of Resigning Agent	
if signing on behalf of an entity	<b>\</b>	
	TINA MAKI	
	Typed or Printed Nume	
-	PRESIDENT	

\$ 25,00

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Moke checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327

Tallalussee, FL 32314

INH\$17 (08/05)

H100001069543