(Re	questor's Name)	·· · · · ·
(Ad	dress)	
. (Ad	dress) ·	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT [,]	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ALI





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COVER LETTER

Division of Corporations					
SUBJECT: Easy Rider Motorcycle (Name of Limite	Training, L.L.C.				
The enclosed member, managing member or r filing.	nanager resignation and fee(s) are submitted for				
Please return all correspondence concerning the	nis matter to:				
Karen Blecha					
(Contact Person)	Z TAL				
Easy Rider Motorcycle Training, L	2006 DEC 15 SECRETARY I				
(Firm/Company)	TAR CC - CASS				
2466 Old Samsula Road	S D				
(Address)	3: 22 STATE .ORIDA				
Port Orange, FL 32128	22 DA				
(City/State and Zip Code)					
For further information concerning this matter	, please call:				
Karen Blecha	at (386) 793 - 3262				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section				
Registration Section Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314				
2661 Executive Center Circle Tallahassee, Florida 32301	i ananassee, Fiorida 32314				

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it a		of the Flo	rida De	partment
of State is: Eas	y Rider Motorcycle Tra	ining, L.L.C.			·
2. This limited liabil Florida	ity company was organized und	der the laws of: 	SEGRETARY TALLAHASSEE	2006 DEC 15	
3. The Florida docur <u>L060000304</u>	ment/registration number of thi	s limited liability comp	OF STATE SANDA	P 3: 22	
4. I, Lynn Harris	;	_, hereby resign as a <u>r</u>	nanag	er/me	mber
	me of Person Resigning)		(Pri	nt Title)	
resignation in writ	ility company and affirm the ling. L		has been	notifie	ed of my
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				