L10000039087

(Requestor's Name)				
(Address)				
(Address)				
<i>(</i>				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
}				

Office Use Only



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To Whom It May Concern:

I would like to resign and remove my name from Frankel Motor Sports, LLC. I don't know which form is correct or if you need both so I have included both forms. Please use which ever is correct and discard the other if need be.

Thank you,

Bryan Johnson 239-825-9197

July 30, 2012

COVER LETTER

LC .
Liability Company)
nager resignation and fee(s) are submitted for
matter to:
lease call:
(Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
e Florida Department of State for: \$55 Filing Fee &
Certified Copy
MAILING ADDRESS:
Registration Section
Division of Corporations P.O. Box 6327
Tallahassee, Florida 32314
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CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as ankel Motor Sports,	s it appears on the records of LLC	the Florida Department
2. This limited liab	oility company was organized	d under the laws of:	
3. The Florida doc <u>L1000003</u>		f this limited liability compar	ny is:
4. I, Bryan T	Johnson Jame of Person Resigning)	, hereby resign as a M	lanager (Print Title)
of this limited lia resignation in wr		ne limited liability company l $7/30/12$	
	igning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	Aember or Manager	PILED 12 AUG =1 PM J SECRULARY OF S ALLAHASSEE, FL