# L10000057038

(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:
Certified Copies Certificates of Status





000434825950

RECEIVED

#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 11/12/2024	PRIORITY	Routine	OUR REF # (Order ID#), Westley
ORDER ENTITY			
ARGO RACING LLC			
PLEASE PERFORM THE FOLLOWING SERVICE	ES:		
ARGO RACING LLC			
Please file the attached resignation.			
NOTES:			• •
\$85.00 Authorized			F = m_mu + 1 = m
700.00 Authorized			

RETURN/FORWARDING INSTRUCTIONS: \_\_\_\_\_\_ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

### COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	ECT: ARGO RACING LLC	
	rame or	Limited Liability Company
DOCU	JMENT NUMBER: <u>L10000057038</u>	
The en		ant for a Limited Liability Company and fee are submitted
Please	return all correspondence concerning	this matter to the following:
Westl	ey Look	
	Name of Person	<del></del>
Incorp	porating Services, Ltd.	
	Name of Firm/Company	
3500	S DuPont Highway	
	Address	<del></del>
Dover	r, DE 19901	
	City/State and Zip Code	<del></del>
wlook	@incserv.com	
E-1	mail address: (to be used for future annual rep	port notification)
For fur	ther information concerning this matte	er, please call:
Westle	ey Look	302 \$31-0703
	Name of Person	at (302) 531-0703 Area Code Daytime Telephone Number
liability	red is a check made payable to the Flor y company or \$25.00 for an administra y company.	rida Department of State for \$85.00 for an active limited atively dissolved, voluntarily dissolved or withdrawn limited
MAIL	ING ADDRESS:	STREET ADDRESS:
	ration Section	Registration Section
Divisio	on of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provisions of	section 605.0115, Florida Statutes, the uno	dersigned,		
Incorporating Services,	Ltd.	, hereby resigns as		
	of Registered Agent			
Registered Agent for ARGC	RACING LLC			
<del></del>	Name of Limited Liability Company		<del></del> '	
L10000057038				
Document Number,	if knovn			
A copy of this resignation wa	s mailed to the above listed limited liabilit	y company at its last known addre	ess.	
The agency is terminated and	the office discontinued on the 31st day af	ter the date on which this statemen	nt is file	ed.
	Weather Loo Signature of Resigning Agent	<u> </u>	202	
If signing on behalf of an enti	ty:	TALLAHASS	2024 NOV 14	Ti
	Westley Look	\$5°	<del>-</del>	
	Typed or Printed Name			
	Assistant Secretary	<u></u>	<u>₹</u>	r
	Capacity	FLORIDA	PM 2: 44	

### FILING FEES:

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

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