

L11 0000 19658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

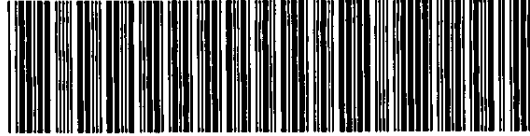
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/04/16--01021--029 **135.00

FEB 05 2016

J SHIVERS

16 FEB -4 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JOHN H. EVANS, P.A.

ATTORNEY AT LAW

1702 SOUTH WASHINGTON AVENUE
TITUSVILLE, FLORIDA 32780

TEL: 321/267-5504

FAX: 321/267-0418

johnhevanspa@yahoo.com

February 2, 2016

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

Re: Space Coast Event Management & Timing, LLC
Our File No: JHE-12392

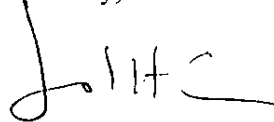
Dear Sir/Madam:

Enclosed please find the following documents:

1. Resignation of Registered Agent
2. Resignation of Member/Manager
3. Articles of Amendment

I have enclosed my check in the amount of \$135.00 payable to the Florida Department of State representing the filing fees for the documents referenced above. If there are any questions or comments, please contact me.

Sincerely,



John H. Evans, Esquire

JHE/jhb

Enclosures

cc: Christopher J. Batista
Martin L. Winkel

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPACE COAST EVENT MANAGEMENT & TIMING, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000019658

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John H. Evans

Name of Person

John H. Evans, P.A.

Name of Firm/Company

1702 S. Washington Ave.

Address

Titusville, FL 32780

City/State and Zip Code

batista@5kracedirector.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John H. Evans

at (321) 267-5504

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Martin L. Winkel

, hereby resigns as

Name of Registered Agent

Registered Agent for SPACE COAST EVENT MANAGEMENT & TIMING, LLC

Name of Limited Liability Company

L11000019658

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Martin L. Winkel

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA