## L12000047703

(Re	questor's Name)			
(Address)				
(Ãd	dress)			
(Cit	y/State/Zip/Phone	<del>:</del> #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100245751431

03/18/13--01044--027 \*\*87.50

APR 1 5 2013

T. HAMPTON

## **COVER LETTER**

Division of Corporations		
SUBJECT: Florida Ace Athle	<del></del>	
(Name of Lir	nited Liability Cor	mpany)
The enclosed member, managing member of filing.	r manager resig	mation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:	
Jodi Wilson		
(Contact Person)		_
Florida Ace Athletics		
(Firm/Company)		
2106 Gary Road		
(Address)		_
Auburndale FL 33823		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call:	
Jodi Wilson	_ <sub>at (</sub> 863	,6617406
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida I	Department of State for:
\$25 Filing Fee		\$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
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (5/06)



RECEIVED

13 APR 12 AM 6:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 27, 2013

JODI L WILSON 2106 GARY RD AUBURNDALE, FL 33823

SUBJECT: FLORIDA ACE ATHLETICS, LLC

Ref. Number: L12000047703

We have received your document for FLORIDA ACE ATHLETICS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00007251



## 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 it	appears on the records of the	Florida Department	
of State is: FIUI	rida Ace Athletics		· · · · · · · · · · · · · · · · · · ·	
2. This limited liab Florida	ility company was organized u	nder the laws of:		
3. The Florida docu L120004770	ument/registration number of th	nis limited liability company is	s:	
4. I, Jodi Lynn wilson (Print Name of Person Resigning)		_, hereby resign as a Member (Print Title)		
·	bility company and affirm the l			
Jodi	Z Wilson			
Signature of Resi	gning Member, Managing Men	nber or Manager	SECRETARY SECRETARY IVISION OF CO	
Filing Fee:	\$25.00 (Required)		20 CK	
Certified Copy:	\$30.00 (Optional)		PH 4: 19	