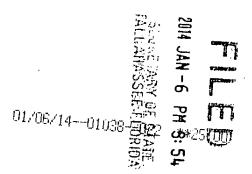
# 12000047703

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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

FLORIDA ACE ATHLETICS, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

### WILLIAM LINK

(Contact Person)

## REED & MAWHINNEY, P.L.

(Firm/Company)

1611 HARDEN BLVD.

(Address)

LAKELAND, FL 33803

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM LINK

<sub>31</sub>863

687.1771

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

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

**MAILING ADDRESS:** 

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

CR2E079 (12/13)



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it of State is: FLORIDA ACE ATHLETICS	·	
2. The Florida document/registration number of th L12000047703	nis limited liability company is:	
3. The date this member withdrew or will withdraw is: December 1, 2013		
4. I, VICTORIA OFTEDAL	, hereby resign as a	
(Print Name of Person Resigning)	(Print Title)	
of this limited liability company and affirm the l resignation in writing.	imited liability company has been notified of my	
Signature of Resigning of Dissociating Manage	ger, Member 2014 JA	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: