

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000237061 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : 120100000009

: (305)599-0839

Fax Number

: (305)592-9591

0

0

01

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL SOCCER ACADEMY, LLC

Certificate of Status Certified Copy Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it appears on the RNATIONAL SOCCER ACADEMY		rida Department
2. This limited liabil FLORIDA	ity company was organized under the laws	of:	NO OCT 24 30:450 TARY MINAHASSE
3. The Florida docus L120000665	nent/registration number of this limited liab	pility company is:	PH 12: 07
4. I, GIORGIO MARIANI , hereby resign as a MEMBER/MANAGER (Print Name of Parson Resigning) (Print Title)			
of this limited liab resignation in writ	lity company and affirm the limited liabilit		n notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	. 	

H13000237041

The initial Registered Agent of this limited liability company shall be Robert Logan Wilson, 19708 E. Altoona Road, Altoona, Florida 32702.

ARTICLE V MANAGEMENT OF THE BUSINESS

This limited liability company shall be a manager-managed dompany. The initial manager shall be Robert Logan Wilson whose

2018 0CT 24 PH I2: 07

H13000237041

STATE OF FLORIDA COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Robert Logan Wilson, who produced Florida Driver's License as identification or ____ is personally known to mo, and who executed the foregoing instrument and he acknowledged before me that he executed the same.

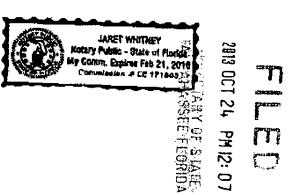
WITNESS my hand and official seal in the County and State last aforesaid this 24 day of October, 2013.

NOTARY PUBLIC /

Notary Public Printed Name

My Commission Expires:

Feb 21 2016



H13000237041

H13000237041

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR REDVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

in pursuance of Chapter 48.091, Florida Statutes, the following to cubmitted, in compliance with said Act:

First - that RTW HOLDINGS, LLC, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at the City of Altona, County of Lake, State of Florida, has named ROBERT LOGAN WILSON, of 19708 E. Altona Road, Altona, Florida 32702, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Company, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said offices.

Robert Logan Wilson, Registered Agent

Sworn to and subscribed before me this 24 day of October, 2013 by Robert Toyon Wilson.

NOTARY PUBLIC

My Commission Expires (2621 July

Morray Public - State of Florida My Comm. Expires Feb 21, 2016 Geometrical # EE 171805