

(((H140001083573)))



H140001083573ABCS

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 : MENDEZ ACCOUNTAX SERVICES, CORP Account Number : I20060000145 Phone : (305)769-4936 Fax Number : (305)769-1844

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

LUC AMND/RESTATE/CORRECT OR M/MC RESIGN

Email Address:

			HOUSE OF POWER MOTORSPORTS "LLC"	
_	25	RIDA	Certificate of Status 0	T.
	÷	ESE	Certified Copy 0	
$\geq$	H.	с.Ш С	Page Count 01	N I F
Ē	Ģ		Estimated Charge \$25.00	
RECEIVED	14 MAY	JECHEL JECHEL Selection JALLAHV	eronic Filing Menu Corporate Filing Menu Key Hel	ط 25 25
	https://efile.sunbiz.org/scripts/efilcovr.exe 5/7/14 DC 5/6/2014			

05/08/2014 12:58PM FAX 3057691844

z

1 . . . 1

MENDEZ INSURANCE

0002/0002



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: HOUSE OF POWER MOTORSPORTS "LLC"

2. The FlorIda document/registration number assigned to this limited liability company is:

112000105843

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 6, 2014

4.1. <u>HUMERTO MERA</u>, hereby withdrew/resign as a (Frint Name of Person Resigning)

MGRM

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing,

Sier

neture of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

MAY -6 [1] 11 £.--ទួ

CR2E079 (2/14)