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	(Requestor's Name)		
(Address)			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRS Race Timing, LLC (Name of Limited Lia	hility Company)
Grame of Emmed Cla	ounty Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Matthew Reimer	
(Contact Person)	
IBC	
(Firm/Company)	<u> </u>
1020 Theodore Avenue	
(Address)	
Jacksonville Beach, Florida, 32250	
(City/State and Zip Code)	
For further information concerning this matter, plea	ise call:
Matthew Reimer 9	04 509-1345
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F ■ \$25 Filing Fee □ \$5	Florida Department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)



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)

	Elimited liability company as it S Race Timing, LLC	appears on the records of the Florida Department
	ument/registration number assi	gned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resign	ned o r will withdraw/resign is :
4. 1. Matthew Reimer (Print Name of Person Resigning)		
MGRM		
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	