

LIB0000061810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600263480076

09/22/14--01002--021 **85.00

FILED
14 SEP 22 PM 1:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

R/A RES

SEP. 26 2014

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELIRIUM MOTORSPORTS SHOP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L130000 61186

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BORIS ROJAS
Name of Person

DELIRIUM MOTORSPORTS SHOP LLC
Name of Firm/Company

1850 US HWY 17/92 UNIT 30
Address

LAKE ALFRED, FL 33850
City/State and Zip Code

DELIRIUM RACING @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BORIS ROJAS at (321) 286-6641
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LAURA ROJAS

Name of Registered Agent

, hereby resigns as

Registered Agent for

DELIRIUM MOTORSPORTS SHOP

LLC

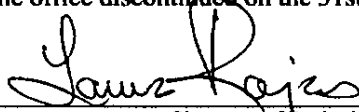
Name of Limited Liability Company

L13000061186

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

LAURA ROJAS

Typed or Printed Name

TITLE MGR

Capacity

FILED
14 SEP 22 PM 1:49
DEPT OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314