## L13000073613

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(Address)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Power Spat Con-	CTON LLC  I Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Elaire Sackson (Contact Person)	
Power Sport Connection 1 (Firm-Company)	C
105 N Magndia St (Address)	
Merlachon FL 32148 (City State and Zip Code)	
For further information concerning this matter,	please call:
Elcie Tackson a (Name of Contact Person)	t (352) 240 - 5348 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  [X S25 Filing Fee	he Florida Department of State for: Il \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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: $P_0$	wersport Cornection LCC
	ment/registration number assigned to this limited liability company is:
T130000	73613
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: \\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4.1. Willingh	ame of Person Resigning). hereby withdraw/resign as a
AMBR, M	ELM, MGR. Print Titles
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Signature of Di	Ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)