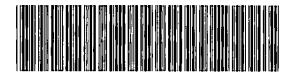
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status	_	
Special Instructions to Filing Officer:				

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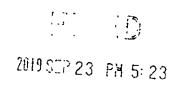
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	AZZURRI MOTORSPORT	S LLC	
		imited Liability Con	npany)
The en	nclosed member, resignation or disso	ciation and fee(s	a) are submitted for filing.
Please	return all correspondence concernin	g this matter to:	
ROLA	ANDO BLANCO		
	(Contact Person)		
AZZU	IRRI MOTORSPORTS LLC		
	(Firm/Company)		_
2454	BRAMAN AVE UNIT # 16/17		
	(Address)		_
FORT	MYERS, FL 33901		
	(City/State and Zip Code)		_
For fur	rther information concerning this ma	tter, please call:	
ROLA	ANDO BLANCO	239 at (2481400
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable Filing Fee		Department of State for: Fee & Certified Copy
Registi	ET/COURIER ADDRESS: ration Section		MAILING ADDRESS: Registration Section
	on of Corporations n Building		Division of Corporations P.O. Box 6327
2661 E	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314

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)

	e limited liability company as i	t appears on the records of the Florida Department
2. The Florida do L140000710		igned to this limited liability company is:
3. The date this n	nember/manager withdrew/resig	gned or will withdraw/resign is:
MOHAMED	ELBADAWY	, hereby withdraw/resign as a
7. 1,	Name of Person Resigning)	, nereby windraw/resign as a
MGRM		
.	(Print Title)	
of this limited li		limited liability company has been notified of my
Mel	1 kylen	
Signature of I	Dissociating Member or Resign	ing Manager
Filing Fee:	\$25,00 (Required)	
Certified Conv.	\$30.00 (Ontional)	