

U400008852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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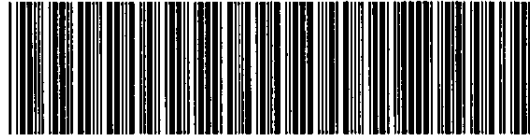
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 02 2015

C. YOUNG

**MICHAEL A. O'BRIEN, P.A.**  
ATTORNEY AT LAW

1115 E. LIVINGSTON STREET  
ORLANDO, FLORIDA 32803

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EMAIL: blackbar@earthlink.net

September 24, 2015

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Resignation of Registered Agent / Dissociation of Members - Powersports  
Partners, LLC

Dear Sir or Madam:

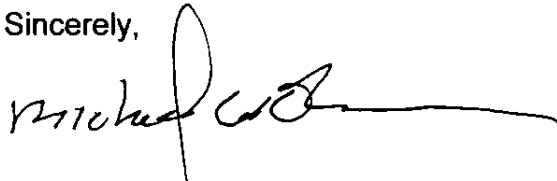
With regard to Powersports Partners, LLC, please find enclosed:

- a. the resignation of Joshua Eaton as registered agent.
- b. a statement of dissociation for Joshua Eaton.
- c. a statement of dissociation for Randall Eaton.

Funds for the fees associated with each of these filings have been enclosed with this correspondence.

Thank you for your assistance in this matter. In the event that there is some issue with regard to these matters, I would request that you contact me in order to resolve the matter.

Sincerely,



Michael A. O'Brien

MOB/abg  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POWERSPORTS PARTNERS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000088952

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:

FRANK A. BRANCATO

Name of Person

BRANCATO HAGGERTY & PALMENTERE LC

Name of Firm/Company

2029 BURLINGTON STREET, STE. 100

Address

NORTH KANSAS CITY, MO 64116

City/State and Zip Code

frank@bhplawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK A. BRANCATO

at (816) 471-1966

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

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TALLAHASSEE, FLORIDA

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

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

JOSHUA A. EATON

, hereby resigns as

Name of Registered Agent

Registered Agent for POWERSPORTS PARTNERS, LLC

Name of Limited Liability Company

L14000088952

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:

Typed or Printed Name

Capacity

## **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

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