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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer				
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Office Use Only



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2015 JUL 20 P 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. 10 BRUC!

COVER LETTER

TO: Registration Section Division of Corporations	,				
SUBJECT: CHAMPION Auto & Motorsports Group LLC (Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Victor F. VENTRIELLA (Contact Person)					
CHAMPION A No B Motorsports Group (Firm/Company)					
2735 SE 15th Street (Address)					
Pompano Beach, FL 33062 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for State					
CEDERA/COUDIED ADDROG					

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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 record	ds of the Florida Department
of State is:	18 of u A worgman	Notorsports G	snoup LLC.
2. The Florida docu	ument/registration number as	ssigned to this limited li	ability company is:
L15000	0065761		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/	resign is: 7/18/15
4.1, Elizabe	ame of Person Resigning)	, hereby withdraw	/resign as a
Mamb	<u> </u>		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability compa	any has been notified of my
Durale	h M Hent		2015 JUL 20 SECRETARY TALLAHASSE
	ssociating Member or Resig	ning Manager	ers EE
Filing Fee:	\$25.00 (Required)		P 12: 2b
Certified Copy:	\$30.00 (Optional)		₹'` o