

L15000112395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

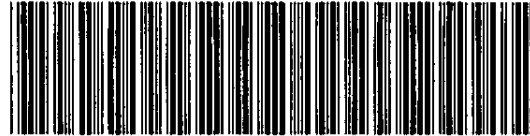
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 26 2015

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2015

KAREN S. HOPEWELL  
3615 BERGER ROAD  
LUTZ, FL 33548

SUBJECT: GROUP 2 RACING LLC  
Ref. Number: L15000112395

We have received your document for GROUP 2 RACING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NEED TITLE FOR ALL PERSONS AUTHORIZED TO MANAGE

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 315A00019755

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Group 2 Racing LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen S Hopewell  
Name of Person

Group 2 Racing LLC  
Firm/Company

3615 Berger Rd  
Address

Lutz FL 33548  
City/State and Zip Code

fmhopewell@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Hopewell at (352) 206-3172  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

## Group 2 Racing LLC

The Articles of Organization for this Limited Liability Company were filed on 1/3/15 and assigned Florida document number A15000112395

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Phil D Hurley	7118 N Habana Ave Tampa FL 33614-4365	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBA	Mark J. Kren	2543 SE Morningside Blvd Port St Lucie, FL 34952-5422	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Heath Rose	16940 Meadow Ln. Village of Loch LLOYD, MO. 64012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Kathleen Stulce	5351 Circle Dr. Weeki Wachee, FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Doug Grose	11455 Gulf Blvd unit 300 Treasure Island, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Harold DUNN	5553 Pine Springs Rd Meridian, MS. 39305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Karen S Hopewell	3615 Berger Rd Lutz, FL 33548	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Roy Bobo	31722 Pasco Rd San Antonio, FL 33576	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	STACEY LAWRE HENDRY	569 N.W. 117 Ct. Ocala, FL 34482	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Flat Tire Holdings	PO BOX 698 SAN ANTONIO FL 33576	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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ELECTRONIC STATE  
ATTN: ASSIST. FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Karen Hopewell

Signature of a member or authorized representative of a member

Karen S Hopewell

Typed or printed name of signee

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**Filing Fee: \$25.00**

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TALLAHASSEE FLORIDA