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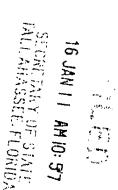
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Street Racing Performance L	L.C.	
	(Name of Limi	ted Liability Cor	mpany)
The e	nclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning t	this matter to:	
John	Palacio		
	(Contact Person)		_
Stree	et Racing Performance L.L.C.		
	(Firm/Company)		
4811	Lyons Tech Pkwy #29		
	(Address)		
Coco	onut Creek FL 33073		
	(City/State and Zip Code)		_
For fu	arther information concerning this matte	er, please call:	
John	Palacio	954	444-3952
	(Name of Contact Person)	(e & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle hassee, 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)

	limited liability company a et Racing Performance L	s it appears on the records of .L.C.	the Florida Department
2. The Florida docu L1500179309	ment/registration number a	assigned to this limited liabili	ty company is:
4. 1, John Palacio (Print No.	ū	signed or will withdraw/resig	2 路線
of this limited lial resignation in wri	pility company and affirm t	he limited liability company l	C:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		