# L16000129464

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO:	Registration Section Division of Corporations	· ·
SUBJ		
	Name of Limited Liability	Company
DOCU	UMENT NUMBER: L16000129464	
The er for fili	nclosed Resignation of Registered Agent for a Limiteding.	Liability Company and fee are submitted
Please	return all correspondence concerning this matter to the	e following:
Unite	d States Corporation Agents, Inc.	
	Name of Person	
Legal	zoom.com, Inc.	
	Name of Firm/Company	
101 N	North Brand Blvd. 11th Floor	
	Address	
Glend	dale, CA 91203	
	City/State and Zip Code	
raresi	gnations@legalzoom.com	
E-1	mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	at ()	773-0888
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the undersi	gned,
United States Cor	nereby resigns as	
	Name of Registered Agent	
Registered Agent for _	Nitro Racing, LLC	2821 FBB
	N - 212 S 112 122 O	<del></del> ,
	Name of Limited Liability Company	· · · <del></del>
L16000129464		. ين ٠
Document Number, if known		23
	tion was mailed to the above listed limited liability co	
If signing on behalf of	an entity:  Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	nts. Inc.
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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