L17000086993

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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Special Instructions to Filing Officer:			
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MS/Rision

COVER LETTER

TO: Registration Section **Division of Corporations** Diamond Motorsports, LLC **SUBJECT:** (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: Chelsea Rose (Contact Person) Diamond Motorsports, LLC (Firm/Company) 6010 17TH ST EASTUNIT 2F (Address) BRADENTON, FL 34203 (City/State and Zip Code) For further information concerning this matter, please call: Chelsea Rose at (_____ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



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 as	it appears on the records of the Florida Department
2. The Florida docu £17000086993	ument/registration number as	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I. Christopher Rose (Print Name of Person Resigning)		, hereby withdraw/resign as a
Authorized Memb		
	(Print Title)	
resignation in wr	<i>y</i> 1 · · · ·	ne limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	0. 23 Filo: