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

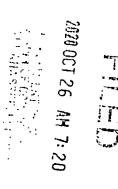
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DEC 0 4 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
Octa Motorsports LLC SUBJECT:	
SUBJECT: (Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	
Please return all correspondence concerning thi	s matter to:
Jamie Caldwell	
(Contact Person)	
Octa Motorsports LLC	
(Firm/Company)	
1749 CATTLEMEN RD	
(Address)	
SARASOTA, FL 34232	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Jamie Caldwell	941 806-8471
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to to \$25 Filing Fee	he Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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 a	• '	ls of the Florida Department
	ument/registration number a		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/r	resign is: October 7, 2020
4. I, Christopher Carl	Olson Vame of Person Resigning)	, hereby withdraw/	resign as a
Manager	, , ,		
	(Print Title)		
of this limited lia resignation in wr		he limited liability compa	any has been notified of my
Signature of D	issociating Member or Resignation	gning Manager	PP OCT 2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Service of the servic