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(Rec	uestor's Name)	
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2022 JUN -6 PH 1:07

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: GULFICOAST Motorspec (Name of Limited Liability Co.)	ompany)
The er	nclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please	return all correspondence concerning this matter to	:
	CHRISTOPHER BROWN	
	CHRISTOPHER BROWN (Contact Person) GULFCORST Molpusports 4C	
	(Firm/Company)	— √ <i>E</i>
	313 LOOKOUT POINT DRILL (Address)	-
	OSPREY, FL 34229	
For fu	(City/State and Zip Code) rther information concerning this matter, please call	
	(Name of Contact Person) (Name of Contact Person) (Name of Contact Person)	
	(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclos	sed please find a check made payable to the Florida 5 Filing Fee	Department of State for: ng 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

FILED 2022 JUN -6 PH 1: 07

SECRETARY OF STAFE TALLAHASSEE, FL

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
of State is:	(TULF COAST MOTORSPORTS LIC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L200	00089746
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{5/24/3003}{}$
4. I, DOULLA (Print N	AS S. KILIAN hereby withdraw/resign as a lame of Person Resigning)
MA	Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
0 fr	KÌ.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)