h20000396880

(Re	questor's Name)			
(Ad	dress)			
/A.J	dress)			
(Ad	aless)			
(Cit	y/State/Zip/Phone	#)		
	_			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Du	Siless Citity Name	6)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
<u>, </u>				
Special Instructions to Filing Officer:				
		•		
		Ì		

Office Use Only



100370604481

09/02/21--01027--015 **25.00

08/17/2021 TH

FILED
2021 AUG -2 PH 12: 30
SECRETARY OF STATE

COVER LETTER

	egistration S ivision of C					
SUBJEC	T:	RACING RED LL	С			
	· · · · · · · · · · · · · · · · · · ·	(Name o	of Limited Li	ability Con	npany	·)
The enclo	osed membe	r, resignation or d	issociation	and fee(s	s) arc	submitted for filing.
Please ret	turn all corr	espondence concer	ming this n	natter to:		
	DOMENIC	O FABBROCINI			_	
		(Contact Person)				
	RA	CING RED LLC				
		(Firm/Company)			-	
	7395 W	20TH AVE				
		(Address)				
	HIALEAH	, FL 33014	- <u>-</u>		_	
	(0	City/State and Zip Code)				
For furthe	er informati	on concerning this	matter, plo	ease call:		
DOM	IENICO FA	BBROCINI	at (_	786	_)	444-5684
	(Name of C	ontact Person)	(<i>ř</i>	Area Code	& D	aytime Telephone Number)
Enclosed 以\$25 Fi	•	a check made pay			-	rtment of State for: & Certified Copy
R D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7			Reg Div The 241	et Address: distration Section dision of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 dahassee, FL 32303

CR2E079 (2/14)

TO:



FILED 2021 AUG -2 PM 12: 30

SECRETARY OF STATE TALLAHASSEE, FLORE.

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)

1. The name of the	limited liability company as	it appears on the records of the Florida Department			
of State is: RA	ACING RED LLC	·			
2. The Florida doc L20000396886	· ·	ssigned to this limited liability company is:			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: 12/31/2020			
4. I, LEONE, PADULA		, hereby withdraw/resign as a			
	Name of Person Resigning)				
AMBR	·				
	(Print Title)				
of this limited lia resignation in wi		ne limited hability company has been notified of my			
Signature of D	issociating Member or Resig	ning-Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				