## L 22 060 162852

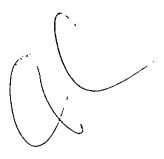
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business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

Office Use Only



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November 30, 2022

JASON CORBETT 1403 OVERLEA DR DUNEDIN, FL 34698

SUBJECT: LETS GO CARTING, LLC

Ref. Number: L22000162852

We have received your document for LETS GO CARTING, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 622A00026363

5 Aii 9:5

Deb 15 2022

## **COVER LETTER**

| то:     | Registration Section   |                     | AU3 7 3 2022   |          |  |
|---------|--|---------------------|--|----------|--|
|         | Division of Corporations   |                     | 1  |          |  |
| CHDI    | Lets Go Carting, LLC   |                     |  |          |  |
| SOD     |  | Limited Liability C | Company)   |          |  |
| The e   | nclosed member, resignation or disso   | ociation and fee    | e(s) are submitted for filing.   |          |  |
| Please  | e return all correspondence concerni   | ng this matter to   | o:   |          |  |
| Jason ( | Corbett  |                     |  |          |  |
|         | (Contact Person)   |                     | _  |          |  |
| Lets G  | o Carting, LLC   |                     |  | 2        |  |
|         | (Firm/Company)   |                     | <del></del>  | 2022 DEC |  |
| 1403 (  | Overlea Dr. Dunedin, FL 34698  |                     |  | 1 33(    |  |
|         | (Address)  |                     | <del></del>  | 15       |  |
| Duned   | in, FL 34698   |                     |  | MM 9:    |  |
|         | (City/State and Zip Code)  |                     | _  | 59       |  |
| For fu  | orther information concerning this m   | atter, please cal   | II:  |          |  |
| Jason ( | Corbett  | 727<br>at (         | 4922953  |          |  |
|         | (Name of Contact Person)   |                     | de & Daytime Telephone Number)   |          |  |
|         | sed please find a check made payabl<br>5 Filing Fee  |                     | a Department of State for:<br>ing 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 8 Tallahassee, FL 32303 | 310      |  |



## 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<br>to Carting, LLC | it appears on the records of the l   | Florida Department |   |
|--|---|--------------------------------------|--------------------|---|
| 2. The Florida docu                        | ment/registration number as                     | ssigned to this limited liability co | mpany is:          |   |
| 3. The date this me                        | mber/manager withdrew/res                       | igned or will withdraw/resign is:    | 6/4/2022           |   |
| 4. 1. Andrew Ivory (Print No.              | ume of Person Resigning)                        | , hereby withdraw/resign as          | a                  |   |
| Manager                                    |   |                                      |                    |   |
| (  | Print Title)                                    |                                      |                    |   |
| of this limited liab<br>resignation in wri |   | e limited liability company has b    | een notified of my |   |
| anh I                                      | ssociating Member or Resig                      |                                      | 202                |   |
| Signature of Di                            | ssociating Member or Resig                      | ning Manager                         | 2022 ij - 1        |   |
| Filing Fee:                                | \$25.00 (Required)<br>\$30.00 (Optional)        |                                      | . 15 AH 9          | - |
|  |   |                                      | . vı               | • |