## L24000049376

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(Address)				
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TALLAHASSEF, FATE

## **COVER LETTER**

TG: Registration Section Division of Corporations		
SUBJECT: MOTORSPORT AUTOGLASS LLC	C	
	nited Liability Cor	mpany)
The enclosed member, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
ZAID KHADER		_
(Contact Person)		
MOTORSPORT AUTOGLASS LLC		_
(Firm/Company)		
3903 Northdale Blvd, Suite 100E	<u></u> _	_
(Address)		
Tampa, FL 33624		
(City/State and Zip Code)		_
For further information concerning this matt	er, please call:	
ZAID KHADER	at ( 727	) 6879439
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida [	Department of State for:
■ \$25 Filing Fee		g 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
rananassee, FL 32314		Tallahassee, FL 32303

CR2E079 (2/14)



## 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 a	s it appears on the records of	of the Florida Department
of State is: MOT	ORSPORT AUTOGLASS LLC		
2. The Florida docu	ument/registration number a	assigned to this limited liabi	ility company is:
1.24000049376			
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	ign is: 08/30/2024
4. I, QASIM T AZIZ (Print N	SIM T AZIZ , hereby withdraw/resign as a (Print Name of Person Resigning)		
MGR			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company	y has been notified of my
QASIM T AZİZ			
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		202 F
Certified Copy:			2024 SEP 24 1 SEUTL ANY O