m070000007201

(Reques	tor's Name)	
(Address	5)	
. (Address	5)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	ss Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Filing	Officer:	

A. LUNT

APR 24 2009

EXAMINER

Office Use Only



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2009 APR 23 PH 3: 42
SECRETARY OF STATE
SECRETARY OF STATE

TEO

COVER LETTER

Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

	A COMPETITOR COUTURACT LLC
SUBJECT: FLORIDA SPORTS, LLC DB (Name of Limited	Liability Company)
DOCUMENT NUMBER: M07000007201	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
NINH HO	
(Name of Person)	
PARACORP INCORPORATED	
(Name of Firm/Company)	
PO BOX160568	
(Address)	
SACRAMENTO, CA 95816	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
NINH HO (Name of Person) at (E	388 86-7167 Area Code & Daytime Telephone Number)
(Name of Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416(2	2) or 608.509, Florida Statutes, the und	ersigned,			
PARACORP INC	CORPORATE	D , hereby res	igns as			
((Name of Registered Age		.5			
Registered Agent for FL	ORIDA SPORT	S, LLC DBA COMPETITOR	SOUTH	EAST L	LC	
· · ·						
	(Name of Lim	ited Liability Company)			'	
M07000007201						
(Document Number	r, if known)					
A copy of this resignation	n was mailed to the ab	pove listed limited liability company at	its last knov	vn addres	SS.	
The agency is terminated	and the office discon	tinued on the 31st day after the date on	which this	statement	t is filed	
	\mathcal{M}_{L}			SEI TALI	2009	
		(Signature of Resigning Agent)		A	APR	77
If signing on behalf of an	entity:			TAR) IASS	2009 APR 23	
	NINH HO			££,0	P	П
•	(T	yped or Printed Name)				
	ASST. SECRETA	ARY PARACORP INCORPORA	TED	F STATE FLORIDA	3: 42	
•		(Capacity)		>	. •	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

Division of Corporations			
SUBJECT: FLORIDA SPORTS, LL	C DBA CC	OMPETITOR SOUT	THEAST LLC
DOCUMENT NUMBER: M07000007			
The enclosed Resignation of Registered Agreefor filing.		ed Liability Company an	nd fee are submitted
Please return all correspondence concerning	this matter to	the following:	
NINH HO			
(Name of Person)		_	
PARACORP INCORPORATED (Name of Firm/Company)			2009 APR 23 SECKE TAR'S TALLAHASS
PO BOX160568		_	~~~
(Address)			mg P
SACRAMENTO, CA 95816			PH 3: 42 OF STATE EE, FLORIDA
(City/State and Zip Code)			0F 2
For further information concerning this mat	ter, please call	i: ·	
NINH HO	888	\ 886-7167	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

(Name of Person)

TO:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Area Code & Daytime Telephone Number)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	tion 608.416(2) or 608.509, Florida Statutes, the unders	igned,
PARACORP INCOR	PORATED , hereby resign	is as
(Name	f Registered Agent)	
Registered Agent for FLORI	DA SPORTS, LLC DBA COMPETITOR S	OUTHEAST LLC
	(Name of Limited Liability Company)	
M07000007201		
(Document Number, if kno	•	
A copy of this resignation was a	nailed to the above listed limited liability company at its	last known address.
The agency is terminated and the	nailed to the above listed limited liability company at its e office discontinued on the 1st day after the date on what (Signature of Resigning Agent)	nich this statement is filed. LECRETARY
If signing on behalf of an entity		
NI	NH HO	FLOG S
ASS	(Typed or Printed Name) SECRETARY PARACORP INCORPORATE	D STATE STATE

(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

Division of Corporations			
SUBJECT: FLORIDA SPORTS, LLC DBA COMPETITOR SOUTHEA (Name of Limited Liability Company) DOCUMENT NUMBER: M07000007201	ŽST I	_LC	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee a for filing.	ire sub	mitted	
Please return all correspondence concerning this matter to the following:			
NINH HO (Name of Person)			
PARACORP INCORPORATED			
(Name of Firm/Company)	IJ.	20	
PO BOX160568	ECR	2009 APR 23	
(Address)	CRETAR'	ж 2	
SACRAMENTO, CA 95816	SEE. SEE.	1	1
(City/State and Zip Code)	T 30	¥	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

NINH HO

For further information concerning this matter, please call:

(Name of Person)

TO:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

888 886-7167 (Area Code & Daytime Telephone Number)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or	608.509, Florida Statutes, the undersigned,
PARACORP INCORPORATED	, hereby resigns as
(Name of Registered Agent)	· · ·
Registered Agent for FLORIDA SPORTS, I	LC DBA COMPETITOR SOUTHEAST LLC
(Name of Limited L	iability Company)
M07000007201	7A 20
(Document Number, if known)	
A copy of this resignation was mailed to the above l	listed limited liability company at its last known activess.
NU	d on the 31st day after the date on which this state of Resigning Agent)
If signing on behalf of an entity:	•
NINH HO	
(Typed o	or Printed Name)
ASST, SECRETARY	PARACORP INCORPORATED
(Ca	pacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314