

M14000006361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

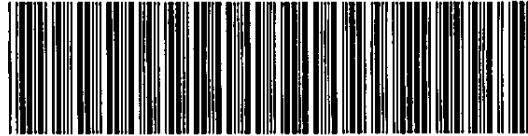
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800270667628

03/03/15--01018--024 **25.00

FILED
15 MAR -9 AM 9:04
STATE OF FLORIDA
TALLAHASSEE, FL 32309

LLC
m/m/Res.
03-16-15
DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T + M Motorsports LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tina Pleacher
(Contact Person)

T + M Motorsports LLC
(Firm/Company)

1390 W Anza Ct
(Address)

Citrus Spgs FL 34434
(City/State and Zip Code)

For further information concerning this matter, please call:

Tina Pleacher at 352-322-2548
(Name of Contact Person) (Area Code & Daytime Telephone Number)
352-422-6885

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section FL Dept of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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: T & M Motorsports, LLC

2. The Florida document/registration number assigned to this limited liability company is:

M14000006361

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Feb. 18, 2015

4. I, Michael Duncan, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
15 MAR -9 AM 9:04
DIVISION OF STATE
ADMINISTRATIVE FLORIDA