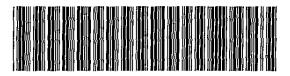
m 31956

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(calanti zara, valus,	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	7
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Mary Survey

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	- ≕:		
SUBJECT:	See affact (Name of Corporatio	<u>a e</u>) n)	<u>. </u>
DOCUMENT NUMBER:	Ell THA	ched	<u> </u>
The enclosed Resignation of Register	ed Agent for a Corporat	ion and fee are sub	omitted for filing.
Please return all correspondence cond	erning this matter to the	following:	
Tammy Deal (Name of Persor	n)	asser we have a	<u>-</u> .
PowerSports, Inc. (Name of Firm/Com	,	ه پښتان د	enter of the second
2000 N. Federal Highway	party	<u>. </u>	
(Address)	·		
Delray Beach, FL 33483 (City/State and Zip C	Code)		<u></u>
For further information concerning th	is matter, please call:		
Tammy Deal (Name of Person)	at (<u>56</u> 1) (Area Code &	243-1126, ext. & Daytime Telephon	4102 e Number)
Enclosed is a check made payable to or \$35.00 for an administratively diss	the Florida Department of olved, voluntarily dissol	of State for \$87.50 ved or withdrawn	for an active corporation corporation.
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	5	

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, Ro	Odin Younessi (Name of Registered Agent)			
hereby resigns as Registered Agent for	Sport Products, Inc. of Fort Lauderdale (Name of Corporation)			
M31956				
(Document Number, if known)				
A copy of this resignation was mailed to	o the above listed corporation at its last known address.			
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which			
	gnature of Resigning Agent) RESIGNATION SET AND SET AN	Manual Control		
If signing on behalf of an entity:	ñi≺	[]		
Rodin Younessi	Typed or Printed Name) Typed or Printed Name)	Ö		
Vias Pas	subject Saratani			

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)