pg8000011050

	(Requestor's Name)	
······································	(Address)	- <u></u>
۱ میں میں میں میں میں میں میں میں میں میں	(Address)	
	(City/State/Zip/Phone #)	
	(Only Otale) Zipre none #j	
PICK-UP		MAIL
<u></u>	(Business Entity Name)	<u> </u>
······································	(Document Number)	
•		
Certified Conies	Certificates of S	Status
		/utus
Special Instructions	to Filing Officer:	
	,	
,		
· ·		

Office Use Only



11/18/03--01051--001 **2362.50



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	see attached			ىمەر
DOCUMENT NUMBER:	(Name of Corporation) Ell affached	· · · · · · · · · · · · · · · · · · ·	•	
and the second				

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy Deal

(Name of Person)

PowerSports, Inc.

(Name of Firm/Company)

2000 N. Federal Highway

(Address)

Delray Beach, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy Deal at	(561) 243-1126, ext. 4102
(Name of Person)	(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		-
Florida Statutes, the undersigned, Rodin Younessi		••
(Name of Registered Agent)		
hereby resigns as Registered Agent for PowerSports of North Miami, Inc.		
(Name of Corporation)		
P98000011050		

.

...

· ·

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

	(Signature of Resigning Agent)	03 HOV Secret	Ţ
If signing on bel	half of an entity.	ARY ASSEE	<u> </u>
	Rodin Younessi (Typed or Printed Name)	PH 12: 1 OF STA	m D
• • ••	Vic President/Secretary	57 30,	

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