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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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ALLORETARY OF STATE
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		=		
SUBJECT:	SQL (Name of	Hacheal Corporation)		 .
DOCUMENT NUMBER:	Ell	attached	<u>d</u>	-
The enclosed Resignation of Reg	istered Agent for a	Corporation and f	ee are submitted fo	or filing.
Please return all correspondence	concerning this m	atter to the following	ng:	
Tammy Deal		<u></u>	•	
(Name of P	erson)	——————————————————————————————————————	t temp	•
PowerSports, Inc.				
(Name of Firm/	Company)		° क्रिक्ट हैं क	;
2000 N. Federal Highway (Addres	s)			
Delray Beach, FL 33483		_		
(City/State and	Zip Code)	· · ·	- · · <u></u>	
For further information concerning	ig this matter, plea	ise call:		
Tammy Deal (Name of Person)	at (561 243-11 rea Code & Daytime	126, ext. 4102 Telephone Number	Σ

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
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 section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Rodin Younessi	
1 1011am Danisoo, 1110 miles Bires, _	(Name of Registered Agent)	
hereby resigns as Registered Agent	for PowerSports of Tampa, Inc.	
nereby resigns as Registered Agent	(Name of Corporation)	<i>-</i> ـــ
P98000018601		
(Document Number, if known)		
A copy of this resignation was maile	led to the above listed corporation at its last known addres	s.
The agency is terminated and the of this statement is filed. If signing on behalf of an entity: Rodin Younes	ffice discontinued on the 31st day after the date on which White Assigning Agent) SSE CREATION OF STATE (Typed or Printed Name)	FILED 03 NOV 21 PH 12: 55

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/yo

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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