P98000055330

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000024771800

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

O3 NOV 21 PM 12: 55
SECRETARY OF STATE

Casolini-bara

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	* ***
SUBJECT:	So entactoal (Name of Corporation)
DOCUMENT NUMBER:	Ell affached
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Tammy Deal	and the second s
(Name of Perso	n)
PowerSports, Inc.	
(Name of Firm/Con	npany)
2000 N. Federal Highway	
(Address)	
Delray Beach, FL 33483	
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
Tammy Deal	at (561) 243-1126, ext. 4102 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively disc	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.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 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 PSI #29, Inc. (Name of Corporation)	
P98000055330	
(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.	
Alvi 3	•
(Signature of Resigning Agent) If signing on behalf of an entity:	¥
Rodin Younessi	
Rodin Younessi (Typed or Printed Name)	n n
Vice President/ Secretary	

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withdrawn corporation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