

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
**L12000000936**

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**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383  
  
**From:**  
 Account Name : A1A REGISTERED AGENT INC.  
 Account Number : 120090000032  
 Phone : (561)792-2236  
 Fax Number : (561)202-8082

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
CABAN MOTORSPORTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED  
OCT 11 2018

FILED  
18 OCT 11 AM 8:12

G SIMMONS  
OCT 11 2018

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### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**SUPERBIZ REGISTERED AGENT, INC.**

hereby resigns as

Name of Registered Agent

Registered Agent for **CABAN MOTORSPORTS LLC**

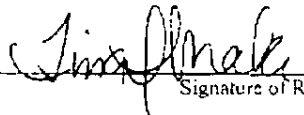
Name of Limited Liability Company

**L12000000936**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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

If signing on behalf of an entity:

**TINA MAKI**

Typed or Printed Name

**PRESIDENT**

Capacity

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19 OCT 11 AM 8:12

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

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

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