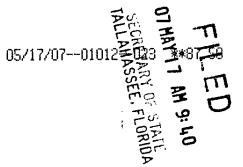
H65945

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Travel Ramp nc. (Name of Limited Partnership or Limited Liability Limited Partnership)		
DOCUMENT NUMBER: H 65945		
The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Mark J. Fraser, Esquix (Contact Person)		
(Firm/Company)		
5347 SW 91st Terrace, Suite A (Address)		
Gainesville, FL 32608 (City, State and Zip Code)		
For further information concerning this matter, please call:		
Mark J. Fraser at (352)367-0444 (Name of Contact Person) at (352)367-0444 (Area Code and Daytime Telephone Number)		
Enclosed is a check made payable to the Florida Department of State for:		
\$87.50 Filing Fee \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)		
STREET ADDRESS: MAILING ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations Division of Corporations		
Clifton Building P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		

INHS16 (01/06)

RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

STATE
STAT

- distant to the provisions of section 020.1176, Florida Statutes, the undersigned,		
Mark J. Fraser , hereby resigns as		
(Name of Registered Agent)		
Registered Agent for Travel Ramp, Inc. (Name of Limited Partnership or Limited Liability Limited Partnership)		
H65945		
(Florida Document Number, if known)		
The agent is terminated on the 31 st day after the date on which this statement is filed by the Florida Department of State. Signature of Registered Agent		
If signing on behalf of an entity:		
Typed or Printed Name		

Capacity

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50