K21000262926

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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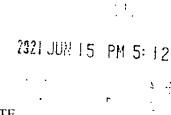
COVER LETTER

TO: Registration Section Division of Corporations	- ·
SUBJECT: A Path to Traw (Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Kristie Sullivan (Contact Person)	
A Path to Travel UC (Firm/Company)	
15060 Cobalt ST Nu)
Ramsey, MN 55303 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Knstie Sullivan (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida D	Department
of State is: A PATH TO TRAVEL LCC	
2. The Florida document/registration number assigned to this limited liability company is	s:
L21000262926	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	15-2021
4. I, Caro Silian , hereby withdraw/resign as a (Print Name of Person Resigning)	
Authorized Member (AMBR)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	fied of my
Carol Sullivan	
Signature of Dissograting Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	