## L030000 6 2194

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Rosalie Arevalo 4321 Hunters Pass Spring Hill, Florida 34609 (352) 540-9100

March 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

check # 1355, \*25.00

To Whom it May Concern:

Enclosed please find Resignation of Member, Managing Member or Manager form on my behalf for Tripdirectors LLC.

If you need any further information, I can be reached at the above address and telephone number. Thank you for your attention to this matter.

Sincerely,

Rosalie Arevalo, Minky

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## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Rosalie Arevalo, hereby resign as a Member
of Tripdirectors 220 (Limited Liability Company)
a limited liability company organized under the laws of the State of Horida.
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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