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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

DEC 29 2011

## **COVER LETTER**

Division of Corporations	
217.31011 01 Compositions	
SUBJECT: Tripdirectors LLC	
(Name of Limited Liability Con	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Thomas Arevalo	
(Contact Person)	- Z
Tripdirectors LLC	SECRE
(Firm/Company)	C2
PO Box 55	SECRETARY OF STATE ALLAHASSEE, FLORIDA
(Address)	- Garage
Herington, Kansas 67449	1E 31
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Thomas Arevalo at ( 785	366-0509
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	•
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	Commod Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
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CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it apodirectors LLC	pears on the records of the Flo	orida Depa	artmen	nt
2. This limited liab	ility company was organized und	er the laws of:	SECRETARY TALLAHASSE	2011 DEC 27	7
3. The Florida doct	ument/registration number of this	limited liability company is:	Y OF STATE: Ee. florjoa	AM 8: 31	
4. I, Tandi Arev	/alo	, hereby resign as a Membe	∍r		
(Print N	ame of Person Resigning)	(Pr	int Title)		
of this limited lial resignation in wr	oility company and affirm the limiting.	ited liability company has bee	n notified	ofmy	1
Jarol	· areals				
Signature of Resi	gning Member, Managing Memb	er or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				