L03000024853

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
, (Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900252242899

10/21/13--01019--001 **1912.50

ZOI3 OCT 21 PM 1: 29
SECREPANDA STATE

OCT 2 2 2019

T. HAMPTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Have 2 Travel, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L03000024853

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruth A. Martell

Name of Person

BDB Agent Co.

Name of Firm/Company

3800 Embassy Parkway, Suite 300

Address

Akron, OH 44333

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth A. Martell

 $_{\rm at}$ 330 $_{\rm 0}$ 643-020

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 6	08.416(2) or 608.509, Flor	rida Statutes, the undersigned,	
BDB Agent Co.		, hereby resigns as	
Name of Registe		,,g	
Registered Agent for Have 2 Tra	avel, LLC		_
Nam	e of Limited Liability Company	y	¹
L03000024853			
Document Number, if known			
A copy of this resignation was mailed	to the above listed limited	liability company at its last known address	S.
The agency is terminated and the offic	e discontinued on the 31st Cl. Not Signature of Resignin	day after the date on which this statement	is filed.
If signing on behalf of an entity:		= 1 5	2
Ruth A.	Martell		7013 067 21
· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name	至高	
Assistant	Secretary	デー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	2 [
\$ 5	Capacity LING FEES: 85.00 Active limited lia 25.00 Administratively withdrawn limite	ability company dissolved/ed liability company	FD PH 1: 29

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