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(Requ	uestor's Name)			
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(City/	State/Zip/Phone	e #)		
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Certified Copies	Certificates	s of Status		
Special Instructions to Fil	ling Officer:			

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SECRETARY OF STATE
ON ANASSEE STORIO

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	<u> </u>			
	(Name of Limited Liability Cor	mpany)		
The enfiling.	nclosed member, managing member or manager resig	gnation and fee(s) are submitted	for	
Please	return all correspondence concerning this matter to:			
	Jeff Hernandez (Contact Person)			
	(Contact Person)	_		
 	(Contact Person) Vision Tours, L.L.C (Firm/Company) 6915 Bay DR. # 3 (Address) MIAMI BEACH FLA 33141 (City/State and Zip Code) There information concerning this matter, please call:	- (01-0857432)		
	(Firm/Company)	THE CONTRACTOR OF THE CONTRACT	07	
	6915 Bay DR. # 3	JRETAL AHAS)- AON	07-20
	(Address)	25.5 25.5 25.5 25.5 25.5 25.5 25.5 25.5	- C1	fizatie #
	MIAMI BEACH FLA 33141 (City/State and Zip Code)	, FLO	H 12:	
	(City/State and Zip Code)	RID/	ā	*4rust
For fu	rther information concerning this matter, please call:	. "		
	Teff Heavander at (305 (Name of Contact Person) (Area Code	205 9198		
	(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclos	ted please find a check made payable to the Florida D \$25 Filing Fee \$\$\$	Department of State for: S55 Filing Fee & Certified Copy		
	ET/COURIER ADDRESS:	MAILING ADDRESS:		
-	ration Section on of Corporations	Registration Section Division of Corporations		
Clifton	Building	P.O. Box 6327		
2661 E	Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company a	as it appears on the records of	of the Florida Department
of State is:	Vision Tours	, LLC	<u> </u>
	oility company was organize		
L0	6000015167		•
4. 1, Ken-	Gallego Jame of Person Resigning)	, hereby resign as a _	Manage (Print Title)
	bility company and affirm t	he limited liability company	
	10	John	TA'S C
Signature of Resi	gning Member, Managing	Member or Manager	07 MOV -6 SECKLIAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-6 PH IZ:
			<u>5</u> 7 5

Vision Tours, LLC

10/1/07

Dear Jeffrey Hernandez,

Effective immediately, I Kent Gallego a manager of Vision Tours, LLC have chosen to resign from Vision Tours, LLC. All paperwork for the resignation has been completed and submitted to the state of Florida. This document is to officially notify Vision Tours, LLC and Jeffrey Hernandez of my resignation.

Kent Gallego

SECRETARY OF STATE