1207-000009339

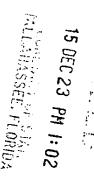
(Re	equestor's Name)	
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Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: C & D TOURS, LLC		
(Name of Limi	ted Liability Com	ipany)
The enclosed member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning t	his matter to:	
Rene		
(Contact Person)		-
The Draves Law Firm, P.A.		
(Firm/Company)		-
120 E. Concord St.		_
(Address)		
Orlando, FL 32801		
(City/State and Zip Code)		-
For further information concerning this matte	r, please call:	
Rene	407	423-1183
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 ap	ppears on the records of the Florida Department
of State is: C & D TOURS, LLC	
2. The Florida document/registration number assign L07000009339	
3. The date this member/manager withdrew/resigne 4. I, DALE F. MILLER	d or will withdraw/resign is: 12/18/15 5, hereby withdraw/resign as a 2/2/23 23
(Print Name of Person Resigning)	, · · · · · · · · · · · · · · · · · · ·
MANAGER	To Record the Control of the Control
(Print Title)	LOR IN
MANAGER (Print Title) of this limited liability company and affirm the linguisting.	nited liability company has been notified of my
Zala mille	·
Signature of Dissociating Member or Resigning	Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	