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(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
<u></u>	WAIT	MAIL			
(Bu	ısiness Entity Nar	me)			
(Do	ocument Number)	-			
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:	LS			





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LAING & LANDOLFI, P.A.

ATTORNEYS AT LAW

445 E. PALMETTO PARK ROAD # 725
BOCA RATON, FLORIDA 33432
TELEPHONE (561) 416-1818
FACSIMILE (561) 416-1990
laing@lainglandolfi.com
landolfi@lainglandolfi.com

August 31, 2007

VIA U.S. MAIL

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

. RE: Resignation of Manager from Travel Americas.Net, LLC

Document Number: 07000017915

To Whom it May Concern:

I am enclosing a Cover Letter and Resignation of Manager signed by Julie Vose resigning as Manager from Travel Americas.Net, LLC.

Additionally, I am enclosing a check in the amount of \$55.00, made payable to Florida Department of State to cover the filing fee and request for certified copy, along with a self-addressed stamped envelope for your convenience.

Very truly yours,

Joseph M. Landolfi, J

LAING & LANDOLFI

For the Firm

JML/tm

COVER LETTER

Division of Corporations	
SUBJECT: TRAVEL AMERIC (Name of Li	AS.NET, LLC imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Joseph M. Landolfi, Jr., Es	q.
(Contact Person)	
Laing & Landolfi, P.A.	
(Firm/Company)	
445 E. Palmetto Park Road	<u></u>
(Address)	
Boca Raton, FL 33432	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Joseph M. Landolfi, Jr., Es (Name of Contact Person)	Q. at (561) 416-1818 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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 a		ords of the Flo	orida Departm	ent
2. This limited liab	ility company was organized un	der the laws of:			
3. The Florida docu <u>L070000</u>	ment/registration number of thi	s limited liability 	company is:		
4. I, Julie Vose (Print Name of Person Resigning)		_, hereby resign as a Manager (Print Title)			
of this limited liab resignation in wri	oility company and affirm the lin	mited liability cor			ny
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			2007 SEC	
		·) [*]	2007 SEP -4 PM SECRETARY OF S TALLAHASSEE, FL	
CR2E079 (5/06)	the state of the s	apartir Control		Y OF STI	