

L07000036388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

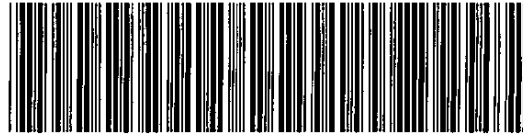
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 FEB - 7 PM 12:00

J. BRYAN

FEB - 8 2008

EXAMINER

NICOLAS FERNANDEZ, P.A.

ATTORNEYS AT LAW
10 NORTHWEST LE JEUNE ROAD
SUITE 500
MIAMI, FLORIDA 33126
www.nferpa.com

TELEPHONE (305) 461-0404
TELECOPIER (305) 461-0410

Writer's Email: diana@nferpa.com

February 1, 2008

Via U.S. mail

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -7 PM 12:00

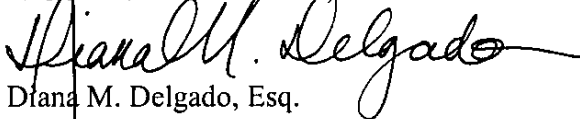
Re: International Alliance Travel Assistance & Insurance (IATAI); Our Matter: 1550.01

Dear Sir or Madam:

Enclosed herewith please find the member resignation for Ms. Ita Saraga from the above referenced company together with check #10917 made payable to the Florida Department of State in the amount of \$55.00 representing your filing fees. Of course, if you should have any questions or comments, please do not hesitate to contact this office. Thank you.

Very truly yours,

NICOLAS FERNANDEZ, P.A.



Diana M. Delgado, Esq.
For the Firm

DD/
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IATAL, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

C/O Nicolas Fernandez, Esq.
(Contact Person)

Nicolas Fernandez, P.A.
(Firm/Company)

10 NW Le Jeune Rd, Suite 500
(Address)

Miami, Florida 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicolas Fernandez at (305) 461-0404
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB - 7 PM 12:00



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 as it appears on the records of the Florida Department of State is: IATAI, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L07000036388

4. I, Ita Saraga, hereby resign as a Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Ita Saraga", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS
08 FEB - 7 PM 12:00