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SECRETARY OF STATE DIVISION OF GORPORATION

T. HAMPTON

JUL - 2 2010

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TRAVELHIS66 (Name of Lim	bE. Com, LLC (ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
CUIS CUEIIAR (Contact Person)	
TRAVELYHISGIODE. Comp (Firm/Company)	LLC
P. O. BOX 570394 (Address) MIAMI, FL 39257	
MIAMI, FL 39257	
(City/State and Zip Code) For further information concerning this matter	er, please call:
Suzel Cuenar	at (305) 801.2724
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	
\$25 Filing Fee	\$55 Filing Fee &
•	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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		f the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
	ment/registration number of	this limited liability compa	any is:
•	ame of Person Resigning)	, hereby resign as a	,
of this limited liab	oility company and affirm the ting.	limited liability company	has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager	۳
•	\$25.00 (Required) \$30.00 (Optional)		SECRETÁRY IVISION OF C