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(Re	equestor's Name)	
(Ad	ldress)	···································
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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08/08/07--01046--002 **25.00



COVER LETTER

Division of Corporations	
SUBJECT: TRAVEL CHAMPIO (Name of Limited Liab	NS, LLC ility Company)
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	itter to:
Louis C. Frangione (Contact Person)	
clo Travel Champions, LL (Firm/Company)	- C
1717 Mapleleaf Blud.	
Oldsmar, FL 34677 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Louis C. Frangione at (8) (Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 as it appears on the records of the Florida Departme	nt
of State is: TRAVEL CHAMPIONS LLC	
2. This limited liability company was organized under the laws of: State of Florida The state of Florida Th	07 AUG -9 PH
3. The Florida document/registration number of this limited liability company is:	منتد مسب
Fed EIN# 26-0490026.	PH 1:18
4.1, Liane M. Bennati, hereby resign as a managing member (Print Name of Person Resigning) (Print Title)	<u>s</u>
of this limited liability company and affirm the limited liability company has been notified of m resignation in writing. Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	