

LS8000014604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

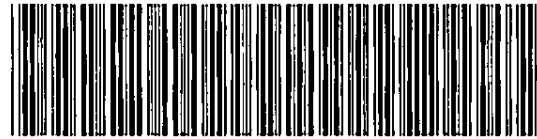
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700362874917

04/05/21--01043--014 **55.00

2021 APR -5 PM 4:39
TALLAHASSEE, FL
SECRETARY OF STATE

D. BRUCE
MAY 25 2021

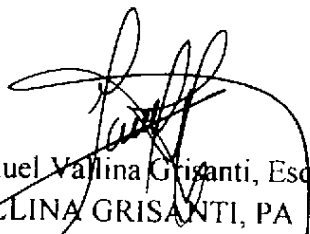
VALLINA GRISANTI, PA
ATTORNEY-AT LAW
P.O.BOX 266451
Weston, FL, 33326
Phone (305) 299-2638
E-mail: lawmvg@gmail.com

March 30th, 2021
Registration Section
Division of Corporations
P.O.BOX 6327
Tallahassee, FL, 32314

**RE: DISSOCIATION/RESIGNATION OF MEMBER, MANAGER FROM
E-TRIPS, LLC ---- L08000014604.**

Enclosed please find:

- 1.- Cover letter.
- 2.-Letter and signature of dissociating member /resigning manager
- 3.- Cashiers' Check CHASE No. 1175024448 US \$ 55.00 (Filing Fee & Certified Copy).


Manuel Vallina Grisanti, Esq.
VALLINA GRISANTI, PA
305-299-2638

FILED
2021 APR -5 PM 4:39
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

E-TRIPS, LLC

SUBJECT: _____
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

MANUEL VALLINA GRISANTI, ESQ.

(Contact Person)

VALLINA GRISANTI, PA

(Firm/Company)

4061 SANDERLING LANE

(Address)

WESTON, FLORIDA 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL VALLINA GRISANTI, ESQ.

305

299-2638

at (_____) _____

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 APR -5 PM 4:39
TALLAHASSEE
FBI



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 appears on the records of the Florida Department
E-TRIPS, LLC
of State is: _____

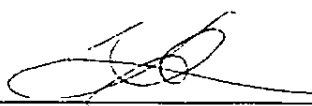
2. The Florida document/registration number assigned to this limited liability company is:
1.08000014604

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Feb 01-2021
ALAN J. EAMES

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR

(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

FILED
2021 APR -5 PM 4:39
TALLAHASSEE, FLORIDA