•				
· - (Requestor's Name)				
(Address)				
/A.J.J A				
(Address)				
(City/State/Zip/Phone #)				
(				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
JUN 12 2008				
EYAMA				
EXAMINER				

Office Use Only



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08/09/08--01025--004 \*\*25.00

## **COVER LETTÈR**

CR2E079 (5/06)

<b>TO:</b> Registration Section Division of Corporations	,
SUBJECT: NEW PTRS TI	SAVEC, LLC ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
·	TAS S
MARC DOMB	SECRETARY OF STATE ALLAHASSEE FLORIDI
(Contact Person)	
	SSE
DOMB VENTURES, I	JUN -9 A CRETARY OF S CAHASSEE. FI
(Firm/Company)	
	Rich to
201 LONE PINE DRIVE	*
(Address)	
PAUM BEACH GARDENS,	_ 33410
	T 33 10 10 10 10 10 10 10 10 10 10 10 10 10
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
, ,	
marec Domis at (	501 , 315-6531
(Name of Contact Person) (A	area Code & Daytime Telephone Number)
•	,
Enclosed please find a check made payable to the	
\$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 32301	Tallahassee, Florida 32314
Tallallassee, Florida 52501	



## 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 reco	ords of the Florida Department
of State is:	NEW PTRS	TRAVEL, LLC	
2. This limited liab	ility company was organi ORi DA	zed under the laws of:	FILE  JUN -9 / SECRETARY OF TALLAHASSEE, I
3. The Florida docu	ument/registration numbe	r of this limited liability of	T 1 -
4.I, Dom B	UENTURES ITT (MARC DOMB, PRES ame of Person Resigning)	ोट होक्ट्य ), hereby resign a	MANAGING Sa MEMBER (Print Title)
	oility company and affirm		pany has been notified of my
Signature of Resi	gning Member, Managin	g Member or Manager	
<del>-</del>	\$25.00 (Required)		
Cerunea Copy:	\$30.00 (Optional)		•