10800015995

(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:

A. LUNT

JUN 172008

EXAMINER

Office Use Only

CF\$ 75,00



900128828759

05/09/08--01020--003 **35.00

06/13/08--01037--007 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2008

DAVID KYLE 229 GOLF CLUB CIRCLE TEQUESTA, FL 33469

SUBJECT: NEW PTRS TRAVEL, LLC

Ref. Number: L08000015995

We have received your document for NEW PTRS TRAVEL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience:

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 408A00031651



COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: NEW PTRS TRAVEL, LLC (Name of Corporation)	<u></u>
(Name of Corporation)	
DOCUMENT NUMBER: LO 8 0 0 0 0 1 5 9 9 5	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Name of Firm/Company)	ZER JUN 16 SECRETARY TALLAHASSE
229 GOLF CLUB CIRCLE (Address)	[77] S
TEQUESTA, FL 33469 (City/State and Zip Code)	A IO: 27 OF STATE CFLORIDA
For further information concerning this matter, please call:	
DAVID KYLE at (561) 889-9509 (Name of Person) (Area Code & Daytime Telephone Nu	ımber)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

٠..

÷:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)



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	ent
of State is: NEW PTRS TRAVEL LLC	
	_
2. This limited liability company was organized under the laws of: FIORIOA ASSET AS	
3. The Florida document/registration number of this limited liability company	
L080060 15995	
4.1, DAULD KYLE, hereby resign as a MEMBER (Print Name of Person Resigning),	_
(Frum Frume of Ferson recogning)	
of this limited liability company and affirm the limited liability company has been notified of n resignation in writing.	зу
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)