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. (Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE OF VISION OF CORPORATIONS OF STATE OF

J. BRYAN

JAN - 6 2009

EXAMINER

To: Florida Department of State-Division of Corporations

From: Todd Kasten, President of AshTodd Ventures, Inc.

Re: Resignation of Member from Florida LLC: New PTRS Travel, LLC

Date: December 30, 2008

To Whom It May Concern,

Per the attached forms and enclosed check, please remove my corporation AshTodd Ventures, Inc. as a member of New PTRS Travel, LLC <u>Effective 12/31/08</u>.

If you have any questions, you can contact me at 954-605-5286.

Happy Holidays,

Todd Kasten, President AshTodd Ventures, Inc.

DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: New PTRSTrave (Name of Limited Li	21, LLC iability 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:
Todd Kaster (Contact Person)	O J
AShtodd Ventures, In (Firm/Company)	5 Suite 320
1000 W. McNab Road	1 Suite 320 9
Rompano Beach FC (City/State and Zip Code)	_33069
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (954 605-5286 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida 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

The name of the limited liability company as it appear of State is: New PTRS Travel, LL		of the Florida Depa	artment
This limited liability company was organized under the State of Flog; Du	ne laws of:		ON JAN-5
The Florida document/registration number of this limit		•	# 8:
Told Kasten For: Ashtold Ventures, he (Print Name of Person Resigning)	•. reby resign as a _	Member (Print Title)	6
of this limited liability company and affirm the limited resignation in writing.			
Signature of Resigning Member, Managing Member o	or Manager		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)