

LO8000 112 852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

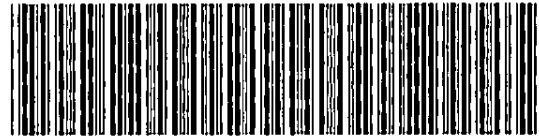
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Airport TRANS TOURS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ricardo I. Veas  
Name of Person

Firm/Company

15981 SW 20th STREET  
Address

MIRAMAR FLORIDA 33027  
City/State and Zip Code

river1960@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo I. Veas at (786) 285-7167  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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



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 of State is: AIRPORT TRANS TOURS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
LO8000112852

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/7/2020

4. I, RICARDO J. YEAS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

*Ricardo J. Yeas*  
Signature of Dissociating Member or Resigning Manager

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

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2020 SEP 15 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FL