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(Re	equestor's Name)		
(Ad	dress)	<u> </u>	
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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2-2-1

COVER LETTER

TO: Registration Section

CR2E079 (12/13)

Division of Corporations				
SUBJECT: TOUR TRANSPORT (LC (Name of Limited Liability Company)				
(Name of Limited Classifity Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Dorothy 7 Hart (Contact Person)				
Tour Transport, UC (Firm/Company)				
2387 Bloxham Cut of Rd (Address)				
Craw fordville #132327 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Derek Hart at (850), 933-5959 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsiz\$ \$\\$\\$25 \text{Filing Fee}\$\$ Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it appears on the OUT TRANSPORT, UC	records of the Florida Department
	nent/registration number of this limited liabil	lity company is:
3. The date this men	nber withdrew or will withdraw is:	n1,2014
4.1, Doro	- //	gn as a <u>C+O</u> (Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability ing.	company has been notified of my
Signature of Res	igning or Dissociating Manager, Member	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	15 FE
		FILED EB 27 PM ALASSEE, F

CR2E079 (12/13)