L09000094140

(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

OCT 11 2010

EXAMINER

Office Use Only



500186204715

10/08/10--01013--023 **25.00

2010 OCT -8 PM 2: 54 SEGRETARY OF STATE FALLAHASSEF ET TOTALE

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations				
SUBJECT: Destination Nation USA				
(Name of Limited	d Liability Com	npany)		
The enclosed member, managing member or m filing.	anager resig	nation and fee(s) are submitted for	•	
Please return all correspondence concerning th	is matter to:			
Salvatore L. Esposito				
(Contact Person)		- 525	~>	
			= =	
		A ME	₹	
(Firm/Company)		SEGRETARY OF STATE ALLAHASSEE, FLORIÐ	7	
· ·		· ##	۵	
588 Alafaya Trail Unit 30			D K	
(Address)		STA STA	Ÿ	
Orlando, FL 32828			兵 序	
(City/State and Zip Code)		-		
For further information concerning this matter,	please call:			
Salvatore L. Esposito	t (407	879-7909 & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to t	he Florida D	lenartment of State for:		
\$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 32314			



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 lin of State is: Desti	nited liability company as it ap	ppears on the records blishing, LLC	of the Florid	a Depar	tment	
2. This limited liability Florida	ty company was organized und	er the laws of:		SEERE TAR	2010 OCT -8	
3. The Florida docum L090000941	ent/registration number of this	limited liability com	npany is:	Y OF STAT	B PH &	
4. I, Jeremy Holt		, hereby resign as a	managing	g men	eber	
	e of Person Resigning)	, meresy resign as a	(Print	Title)	*************************************	
of this limited liabil resignation in writing	ity company and affirm the lim	ited liability compar	ny has been n	otified o	of my	
Signature of Resign	ing Member, Managing Memb	per or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					