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**EXAMINER** 



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**EXAMINER** 

DIVISION OF CORPORATIONS

10 DEC 14 AM In: DA

## **COVER LETTER**

Division of Corporations			
SUBJECT: PREMIUM ROAD TRIPS LLC (Name of Limited Liability Company)			
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for		
Please return all correspondence concerning this	matter to:		
ELIZABETH KENNEY (Contact Person)			
PREMIUM ROAD TRIPS (Firm/Company)	N.,		
112 CEDAR POINT LA	<u></u>		
LONGWOOD, FL 3277 (City/State and Zip Code)	9		
For further information concerning this matter, pl	lease call:		
ELIZABETH KENNEY at ( (Name of Contact Person) (	407) 774-2667 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:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 t	the limited liability company as	s it appears on the records o	of the Florida Department
of State is:	PREMIUM ROAD	TRIPS LLC	
2. This limited li	iability company was organized	d under the laws of:	
	ocument/registration number of	• •	oany is:
4. I, BER	NDT PALME ut Name of Person Resigning)	, hereby resign as a	MGR (Print Title)
of this limited l resignation in	liability company and affirm th writing.	e limited liability company	y has been notified of my
Signature of Re	esigning Member, Managing N	 Леmber or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)