<u>Lu 000 0 17256</u>

(Re	questor's Name)					
(Ad	dress)					
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	me)				
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(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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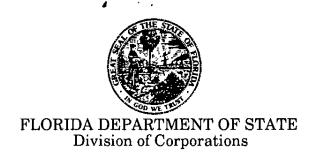
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October 14, 2015

ANTHONY WRIGHT 12731 SW 149TH ST MIAMI, FL 33186

SUBJECT: ESTA TRAVEL SERVICES LLC

Ref. Number: L11000017296

We have received your document for ESTA TRAVEL SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00021740

TRANSMITTAL LETTER

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Anthony Wright

(Name of Person)

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Area Code & Daytime Telephone Number)



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 o	of the limited lial	oility company as it	t appears on the records of	of the Florida Depar	tment
of State is:	ESTA	TRAVEL	SERVICES	LLC ES	<u></u>
2. The Florida		tration number assi	igned to this limited liab		0CT 30 P
3. The date this	is member/mana Pe//a CP Print Name of Perso	ger withdrew/resig P n Resigning)	ned or will withdraw/res ANTHONS WEIG- , hereby withdraw/res	ign is: March of	3 M 88,2015 Capella)
MG	(Print Title)	·			
of this limite resignation i	ed liability comp in writing.	any and affirm the	limited liability company		•
- C'	Capella	Ger 1	ndly Way	(ouner of	Capelly)
Signature	of Dissociating I	viember or Kesigni	ng Manager		''
Filing Fee: Certified Copy		(Required) (Optional)			