L110000 79403	
(Requestor's Name) (Address)	100312687651
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	04/30/1801016020 **25.00 UNVISION OF CORPUSION OF CORPUS
Special Instructions to Filing Officer:	
Office Use Only	M. MILLIGAN MAY - 2 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Last Local Guide Service LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN VANN

(Contact Person)

Last Local Guide Service LLC

(Firm/Company)

401 E. Beach Drive #B1

Panama City, FL 32401

(City/State and Zip Code)

(Address)

For further information concerning this matter, please call:

 JOHN VANN
 at (
 774-0909

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

. CR2E079 (2/14)

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRÖM⁴ 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: ______
- 2. The Florida document/registration number assigned to this limited liability company is: L11000079403

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/12/2018

HOLLY A. VANN 4. I. hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGING MEMBER

(Print Title)

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

MS Hally Armi \sim

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.0Certified Copy:\$30.0

\$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)