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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
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NOTE JUN 17 PM 4: 06



COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	1120 TOURS & TRAVEL LLC			
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or diss	ociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerni	ng this matter to:		
RENAN ROD	RIGUES			
	(Contact Person)		_	
CSG - CAPITA	AL SERVICES GROUP INC			
	(Firm/Company)		_	
2101 PARK C	ENTER DR #150			
	(Address)		_	
ORLANDO, F	TL 32835			
	(City/State and Zip Code)		_	
For further in	nformation concerning this m	atter, please call:		
RENAN ROD	RIGUES	407 at (77()-5776)	
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple	ease find a check made payab	le to the Florida I	Department of State for:	
■ \$25 Filing	g Fee	□ \$55 Filing	g Fee & Certified Copy	
	ng Address:		Street Address: Registration Section	
	Registration Section Division of Corporations		Division of Corporations	
P.O.	Box 6327		The Centre of Tallahassee	
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



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 of the limited liability company of State is: H2O TOURS & TRAVEL LLC	y as it appears on the records of the Florida Department
2. The Florida document/registration numbe 1.12009062521	er assigned to this limited liability company is:
LCA D ZINNOD	resigned or will withdraw/resign is:
4. L (Print Name of Person Resigning) MANAGER	, hereby withdraw/resign as a
(Print Title) of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my
Signature of Dissociating Member or Res	Signing Manager Lawrentz Lu Vestments LC
	POR JUN 17 JALLAHASSE

CR2E079 (2/14)