## L12000084009

(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:		
·		

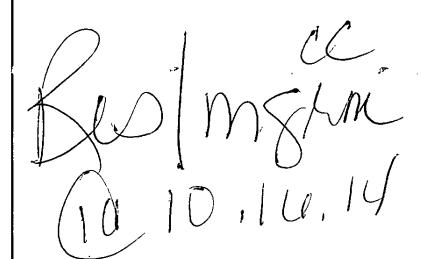




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## **COVER LETTER**

Registration Section

TO:

CR2E079 (2/14)

Division of Corpor	ations		
SUBJECT: AMERICAN	TOURS LLC		
SOBJECT:	(Name of Limited Liability Company)		
The enclosed member, res	ignation or dissociation and fee(s	) are submitted for filing.	
Please return all correspon	dence concerning this matter to:		
ABNER J HERRERA			
(Con	tact Person)	-	
٠			
(Firm	/Company)	-	
761 NE 195TH ST			
(A	ddress)	•	
MIAMI, FL 33179			
(City/Sta	te and Zip Code)	-	
For further information concerning this matter, please call:			
ABNER HERRERA	305	527-4341	
(Name of Contact	t Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\begin{align*} \text{\$\text{25}} \text{ Filing Fee & Certified Copy} \end{align*}\$			
STREET/COURIER AD	DRESS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
2661 Executive Center Cir	cle	Tallahassee, Florida 32314	
Γallahassee, Florida 3230			





## 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 limit of State is:	ited liability company as it appears on the records of the Florida Department
2. The Florida document L12000084009	nt/registration number assigned to this limited liability company is:
3. The date this member	r/manager withdrew/resigned or will withdraw/resign is:
MANAGER	
of this limited liability resignation in writing	
Signature of Dissoc	siating Member or Resigning Manager
Filing Fee: S Certified Copy: S	\$25.00 (Required) \$30.00 (Optional)