

L120000126090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

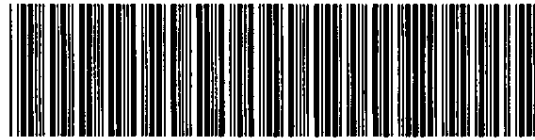
(Business Entity Name)

(Document Number)

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2013 AUG 16 PM 12:20  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 19 2013

EXAMINED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UTrip Travel LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L 12000126090

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pedro Levrero & Odile Levrero de Beer

Name of Person

UTrip Travel LLC

Name of Firm/Company

7816 Craighurst Lp

Address

Trinity, Fl. 34655

City/State and Zip Code

pedro@utriptravel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brigitte K. Beer

Name of Person

at ( 727 ) 376 7146

Area Code & Daytime Telephone Number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 AUG 16 PM 12:20

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**Brigitte K. Beer**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

**UTrip Travel LLC**

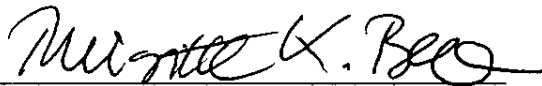
\_\_\_\_\_  
Name of Limited Liability Company

**L12000126090**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 AUG 16 PM 12:20

FILED

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2013

PEDRO LEVRERO & ODILE LEVRERO DE BEER  
UTRIP TRAVEL LLC  
7816 CRAIGHURST LP  
TRINITY, FL 34655

SUBJECT: U-TRIP TRAVEL, LLC  
Ref. Number: L12000126090

FILED  
2013 AUG 16 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for U-TRIP TRAVEL, LLC and your check(s) totaling \$87.50. 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 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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 313A00018823