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| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Address) | | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | ⇒ #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | usiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | • |
| | | |

Office Use Only



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SECRETARY OF STATES

COVER LETTER

| Division of Corporations | |
|---|---|
| SUBJECT: MAMI Internation (Name of L | imited Liability Company) |
| The enclosed member, managing member filing. | or manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning | ng this matter to: |
| ROV6517 SVN (Contact Person) | |
| MpM1 Typerantional Trav (Firm/Company) | vel, UC |
| 5372 SW 134th Ave. | <u> </u> |
| MRPS MAR T-L 330 Z (City/State and Zip Code) | 7 |
| For further information concerning this ma | atter, please call: |
| | at (954) 980 - 6666 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable \$\infty\$\$\$ \$\infty\$ | e to the Florida Department of State for: S55 Filing Fee & |
| • | Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

CR2E079 (5/06)

Tallahassee, Florida 32301



FILED 2013 OCT 17 PH 1: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | | ona) Travel, UC |
|---|--------------------------------|---|
| | ility company was organi | |
| | nment/registration numbe | r of this limited liability company is: |
| 4. I, Penti V | T SUV ame of Person Resigning) | , hereby resign as a Managing Member |
| of this limited lial resignation in wr | | n the limited liability company has been notified of my |
| Signature of Resi | gning Member, Managin | g Member or Manager |
| Signature of Resi | gamg wember, wanagm | 5 Memoer of Manager |
| Filing Fee: | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |