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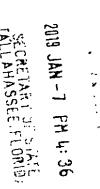
(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
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(Sounds Entry Name)				
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COVER LETTER

COVI	ER LETTEF	{ 	S	
TO: Registration Section Division of Corporations		<u>E</u>	A CANADA	
Freedom Adventure's, LLC SUBJECT:	_		T PH H. So	
(Name of Li	mited Liability Co	ompany)		
The enclosed member, resignation or disso	ciation and fee	(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to	:		
Jennifer Susko				
(Contact Person)		_		
(Firm/Company)		_		
19910 Jasmine Dr				
(Address)		_		
Jupiter, FL 33469				
(City/State and Zip Code)				
For further information concerning this ma	tter, please call	:		
Jennifer Susko	561	723-6393		
(Name of Contact Person)	at ((Area Cod	e & Daytime Telephone Number)	-	
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		

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

CR2E079 (2/14)

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



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)

Free	e limited liability company as it edomAdventure's LLC	appears on the records of the Florida Department
2. The Florida doc L1300013115	-	gned to this limited liability company is:
		 1 <i>/</i> 3 <i>/</i> 2019
		ned or will withdraw/resign is:
Jennifer A S: 4. I.		hereby withdraw/resign as a
(Print N	kame of Person Resigning)	, hereby withdraw/resign as a
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
	muht Rusher	
Signature of D	issectating Member or Resignia	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	