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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Cruise.com Group, LL	С
Name of Limited Liability	Company
DOCUMENT NUMBER: L14000077935	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Miguel A. Maspons, Esq.	
Name of Person	-
Maspons, Sellek, Jacobs, LLP	
Name of Firm/Company	-
2333 Ponce De Leon Blvd., Suite 314	
Address	-
Coral Gables, Florida 33134	
City/State and Zip Code	-
msj@msjcorpserv.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Vanessa M. Collazo 786	539-1430
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STRE	ET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statutes, t	the undersigned,	
Miguel A. Maspons, Esq.		, hereby resigns as	
	Name of Registered Agent	, nercey resigns as	
Registered Agent for	The Cruise.com Group, LLC		
<u> </u>	Name of Limited Liability Company	-	,
L140000	77935		
Document Nu	mber, if known		
A copy of this resignation	n was mailed to the above listed limited	liability company at its last k	known address.
The agency is terminated	and the office discontinued on the 31st		this statement is filed.
If signing on behalf of a		g Agent	SECRETARY DIVISION OF ET 2815 HAY -5
	Typed or Printed Name		200
	Capacity		AM 18: 51

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withdrawn limited liability company \$ 25.00

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