<u>L1500161092</u>

(Re	equestor's Name)	
· (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER :

TO: Registration Section Division of Corporations		
SUBJECT: TUSCAN TREASURES TOL	JRS, LLC	
(Name of Limit	ted Liability Cor	mpany)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
TERESA GAIL SOSBY		_
(Contact Person)		
TUSCAN TREASURES TOURS, LLC		
(Firm/Company)		_
2987 JACKSON AVENUE		_
(Address)		-
MIAMI, FL 33133		
(City/State and Zip Code)		_
For further information concerning this matter	r, please call:	
TERESA GAIL SOSBY	305	442-1642
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to		
\$25 Filing Fee	TIME	g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section
Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



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)

The Florida document/registration num	aber assigned to this limited liability company is:
L15000161092	
The date this member/manager withdr	ew/resigned or will withdraw/resign is: NOV. 16, 2015
STEFANIA TIELLI	
(Print Name of Person Resigning)	, Bacoy within and congress to a
MANAGER	<u></u>
(Print Title)	
of this limited liability company and affection in writing.	irm the limited liability company has been notifice of my
) forms (Olbil)	
Signature of Dissociating Member or	Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)