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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ċit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations		
Sivilian of Corporations		
SUBJECT: TUSCAN TREASURES TOU	JRS, LLC	
	ted Liability Co	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 matte	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		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327

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, Plorida Statutes)

L150001610	•	assigned to this limited liability company	is:
			E. 5
3. The date this m	omber/manager withdrew/n	signed or will withdraw/resign is:	16, 2015
4, I. UGO PETR	RILLO	, hereby withdraw/resign as a	ASS.
Print	Name of Person Resigning)		
MANAGER			
	(Print Tule)		
resignation in w		the limited liability company has been no igning Manager	tified of my

CR2E079 (2/14)