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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer:	
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2019 JAN -8 PM 6: 42

C. COLDEN

COVER LETTER

SUBJECT: TOURING PROS, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000062486	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Janna Pantoja at (1 800 Area Code	773-0888 x3950
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.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

STREET ADDRESS:

Tallahassee, FL 32301

Division of Corporations
Clifton Building
2661 Executive Center Circle

Registration Section

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unde	rsigned.	
United States Corporation Agents, Inc. Name of Registered Agent, he		, hereby resigns as	
	Name of Limited Liability Company		
L16000062486			
Document N	lumber, if known		
_	on was mailed to the above listed limited liability ed and the office discontinued on the 31st day after		led.
	Signature of Resigning Agent		
If signing on behalf of	an entity:	2019 JAN	
	Cheyenne Moseley	:	T
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag		
	Capacity	PH 6: 42	5

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00