## 11600129393

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			





200314890482

06/28/18--01016--009 \*\*25.00

FILED

18 JUN 28 PH I: 17

SECURIARY OF STATE

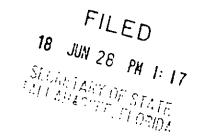
K SALY
JUL -3 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: MY SOUTH BUS TOURS LLC		
	(Name of Limited L	ability Com	pany)
The en	nclosed member, resignation or dissociation	and fee(s)	are submitted for filing.
Please	return all correspondence concerning this r	natter to:	
YAQL	JELINA RAMEAU		
	(Contact Person)		
MY S	OUTH BUS TOURS LLC		
	(Firm/Company)		•
8362	PINES BLVD SUITE # 206		
	(Address)	-	
PEME	BROKE PINES, FL 33024		
	(City/State and Zip Code)		•
For fu	rther information concerning this matter, pla	ease call:	
YAQL		954	347-5259
	(Name of Contact Person) (A	Area Code	& Daytime Telephone Number)
	sed please find a check made payable to the Filing Fee		epartment of State for: Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section on of Corporations		Registration Section Division of Corporations
Clifton	n Building		P.O. Box 6327
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314

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)

	e limited liability company as SOUTH BUS TOURS LLC	s it appears on the records of the Florida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:
L1600012939	3	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I,  (Print Name of Person Resigning)		haraby withdraw/rasign as a
(Print )	Name of Person Resigning)	, nereby withdraw/resign as a
AMBR		
	(Print Title)	
of this limited lia resignation in wi		e limited liability company has been notified of my
Jean (	Sunce hed issociating Member or Resig	
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Ontional)	