

116000 224 443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

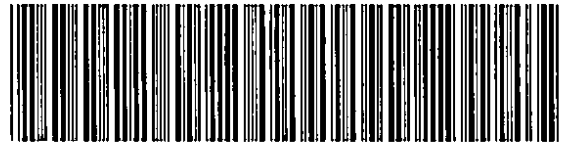
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 18 2020

COVER LETTER

TO: Registration Section
Division of Corporations

TRAVELADEPT.COM LLC
SUBJECT: (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Matthew Grady
(Contact Person)

TRAVELADEPT.COM LLC
(Firm/Company)

60 Tall Trees Ct.
(Address)

Sarasota FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Grady 941 306 1030
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FL



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)

1. The name of the limited liability company as it appears on the records of the Florida Department
TRAVELADEPT.COM LLC
of State is:

2. The Florida document/registration number assigned to this limited liability company is:
L16000224443

JUNE 26, 2020

EDER TAMARA
4. I, MEMBER

, hereby withdraw/resign as a

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FL