

**L17000043240**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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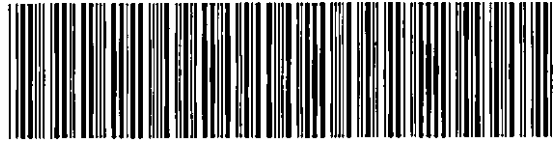
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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**DATE: 10/30/18**

**NAME: TRAVEL4LESS INTERNATIONAL TOURS, LLC**

**TYPE OF FILING: DISSOCIATION OR RESIGNATION OF MEMBER**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Travel4Less International Tours, LLC  
(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:

Stefanie L. Pate, Esquire  
(Contact Person)

LEECH TISHMAN  
(Firm/Company)

525 William Penn Place, 28th Floor  
(Address)

Pittsburgh, PA 15219  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stefanie L. Pate, Esquire at 412 261-1600  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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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 of State is: Travel4Less International Tours, LLC
2. The Florida document/registration number assigned to this limited liability company is: L17000043240
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/2018
4. I, Patricia Redick Romano, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

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

Patricia Redick Romano

Signature of Dissociating Member or Resigning Manager

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