

L17000247729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

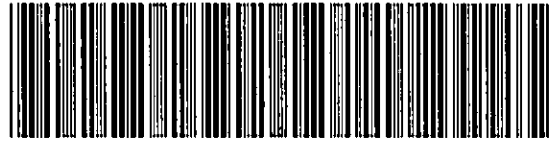
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
18 JAN -9 PM 3:46

K. SALY  
JAN 10 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Short Trip 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:

Mike Aranda  
(Contact Person)

Short Trip LLC  
(Firm/Company)

1002 SE 47<sup>th</sup> ST Suite 330  
(Address)

Cape Coral, FL 33904  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Aranda at ( 239 ) 267-4804  
(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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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: Short Trip LLC

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

L17000247729

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1-8-2018

4. I, W. Alfredo R. Rivera, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MBR  
(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)