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JAN 31 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Wanderlust Photography Tours &		
(Name of Limited Li	ability Company)	
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to:	
Antonio Rivera, JR		
(Contact Person)		
Wanderlust Photography Tours & Travel, LLC	5	
(Firm/Company)		
66 Louisville Drive		
(Address)		
Palm Coast, FL 32137		
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Antonio Rivera, Jr	386 689-8787	
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, morida 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)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is: War	nderlust Photography Tour	rs & Travel, LLC
2. The Florida doci	ument/registration number as	ssigned to this limited liability company is:
L1800005041	5	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:
Sarah Rivera	1	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ning Manager
~	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	