L18000 248 341

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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COVER LETTER

SUBJECT: Name of Limited	Liability Company
DOCUMENT NUMBER: L18000248241	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	tter to the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notif	cation)
For further information concerning this matter, plea	e call:
Chelsea Chapman 84 at (386-0178 ea Code Daytime Telephone Number
Name of Person Ar	a Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Registration Section Division of Corporations

TO:

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011:	5, Florida Statutes, the und	ersigned,		
Legaline Corporate Servi	ces, INC.		, hereby resigns as		
	Name of Registered Ager	nt			
Registered Agent for T	AILORED 2 TRAVEL	LLC			
	Name of Lim	nited Liability Company			
L18000248241					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last know	wn address.	
The agency is terminate	d and the office discor	ntinued on the 31st day after	er the date on which this	statement is fi	led.
	Mebe of	CMMM gnature of Resigning Agent	an	- 29	
If signing on behalf of a	n entity:			122	. • 1
	Chelsea Chapman			月雪 第	erra de la constante de la con
Typed or Printed Name				10	
	On Behalf of Legaline	c Corporate Services, INC.		75.5 75.5 75.5	Ţ
		Capacity		語の	
				2072 HOY 10 PH 12: 46 STARY OF STATE	
	FILING ○ \$ 85.00 ○ \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolved lity company	d∕	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314