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(Cit	ty/State/Zip/Phone	? #)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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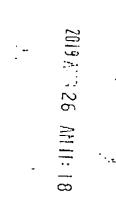




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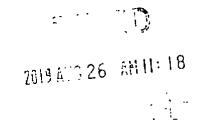
## COVER LETTER,

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CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Travel.Fun, LLC	
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Joel Frenette	
(Contact Person)	
Travel.Fun, LLC	
(Firm/Company)	
1200 NW 20TH AVE	
(Address)	
Delray Beach, FL 33445	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Joel Frenette	561 400-1460
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for:  \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	1 attanassee, F10110a 32314





## 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)

	limited liability company as it appears on the records of the Florida Department VEL.FUN, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1900003678	7
	mber/manager withdrew/resigned or will withdraw/resign is:  Sep 1, 2019  r. Manager of GBAT Holdings
4. 1, (Print N	r, Manager of GRAT Holdings, hereby withdraw/resign as a ame of Person Resigning)
Member Mana	
-	Print Title)
resignation in w	bility company and affirm the limited liability company has been notified of my string.  Sociating Member or Resigning Manager
Filing Fee. Certified Copy:	\$25.00 (Required) \$30.00 (Optional)