## L19000244085

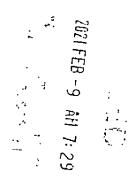
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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O SIMMONS
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## **COVER LETTER**

_	stration Section sion of Corporations			
SUBJECT:	LIVE WORK TRAVEL, LLC			
SUBSTICE :	(Name of Limited Liability Company)			
The enclosed	d member, resignation or disse	ociation and fee(s	) are submitted for filing.	
Please return	n all correspondence concerni	ng this matter to:		
MASHON TH	OMAS			
	(Contact Person)	<u> </u>	-	
LH GLOBAL	VENTURES, LLC			
<del>·</del>	(Firm/Company)		_	
2430 VANDE	RBILT BEACH RD. SUITE 108-60	)9		
1.2	(Address)	<del></del>	-	
NAPLES, FL	34109			
	(City/State and Zip Code)		-	
For further i	nformation concerning this m	atter, please call:		
MASHON TH	IOMAS	at (_650	) 549-5433	
()	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple	ease find a check made payabl g Fee		Department of State for: g Fee & Certified Copy	
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department WORK TRAVEL, LLC
	ument/registration number assigned to this limited liability company is:
	bember/manager withdrew/resigned or will withdraw/resign is:  DIGITAL, LLC, hereby withdraw/resign as a  lame of Person Resigning)
MANAGER	came of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)