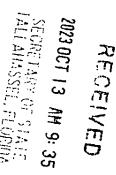
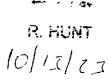


(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	tus
Special Instructions to Filing Officer:	

Office Use Only







Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656,7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 10/13/2023

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) Westley

ORDER ENTITY

GIRLS CLUB TRAVEL LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

GIRLS CLUB TRAVEL LLC

Please file the attached resignation.

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

H23000340533 3

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: GIRLS CLUB TRAVEL LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000278669	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
Westley Look	
Name of Person	-
Incorporating Services, Ltd.	
Name of Firm/Company	-
3500 S DuPont Highway	94. 9
Address	3)08100113 2023 OCT 13
Dover, DE 19901	1.0 0
City/State and Zip Code	2023 OCT 13 PH 12:
wlook@incserv.com	P H
E-mail address: (to be used for future annual report notification)	PH 12: 40
For further information concerning this matter, please call:	6
Westley Look 302	531-0703
Name of Person Area 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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115	s, Florida Statutes, the und	dersigned,		
Incorporating Services, Ltd.			, hereby resigns as		
	Name of Registered Agen	it .	_, , ,		
Registered Agent for	GIRLS CLUB TRAN	/EL LLC			
	Name of Line	ited Linbility Company		•	
L19000278669					
Documer	nt Number, if known				
A copy of this resign	nation was mailed to the a	bove listed limited liabili	ity company at its last known addi	ress.	
The agency is termin	paled and the office disco		fter the date on which this statement	on is med.	
If signing on behalf	of an entity:				
	Am	anda Archambault			
	<u> </u>	Typed or Printed Name		20:	Ë
	As	sistant Secretary			ISI.
		Capacity		7	2
				2023 OCT 13	07.7
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissoruithdrawn limited lia	y company olved/ voluntarily dissolved/ ibility company	PH 12: 40	DIVISION OF CORPORATION

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