121000435265

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

TO: Registration Section				
Division of Corporations				
Resignation of Member SUBJECT:				
	imited Liability Cor	npany)		
The enclosed member, resignation or disso	ociation and fee(s	s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to:			
John Scholtz				
(Contact Person)		_		
Travel by Global, LLC				
(Firm/Company)		_		
423 Knotwood Lane			2022 JUL 11	
(Address)		- - -	JIIL	**************************************
Naples, FL 34112			_	3
(City/State and Zip Code)		- (7) (7)		
For further information concerning this ma	atter, please call:	ू । चार्य हार्य इ	8: 55	-42
John Scholtz	609 at (741-7641		
(Name of Contact Person)	· 	& Daytime Telephone Number)	
Enclosed please find a check made payabl ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy		
Mailing Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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)

1. The name of the limited liability company as it of State is: Travel by Global, LLC	appears on the records of the Florida Departi	ment
2. The Florida document/registration number assig	, 2	
3. The date this member/manager withdrew/resign 4. L. Ruth E Mischke	ed or will withdraw/resign is:	
(Print Name of Person Resigning) Member, Manager (Print Title)		
of this limited liability company and affirm the li resignation in writing.	··· પા	îmy
Signature of Dissociating Member or Resignin	g Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)