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COVER LETTER

Registration Section TO: Division of Corporations AROUND THE WORLD TRAVEL COMPANY LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: DANIELLE LEE-ZIADIE (Contact Person) GREATHOUSE CONSULTANTS (Firm/Company) 16314 SW 48TH STREET (Address) MIRAMAR, FLORIDA 33027 (City/State and Zip Code) For further information concerning this matter, please call: DANIELLE LEE-ZIADIE 786 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303



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)

	e of the limited liability company as it appears on the records AROUND THE WORLD TRAVEL COMPANY LLC s:	of the Florida Department
2. The Florid 1.22000435.	ida document/registration number assigned to this limited lia	bility company is:
3. The date th	this member/manager withdrew/resigned or will withdraw/re	5/1/2023 esign is:
4. I. <u>Suzett</u> e	TE FINLAYSON, hereby withdraw/r	esign as a
1	(Print Name of Person Resigning)	
PRESIDEN	ENT	
•	(Prim Title)	
	ited liability company and affirm the limited liability companing in writing.	ny has been notified of my
) <u>'</u>	re of Dissociating Member or Resigning Manager	
Signature	re of Dissociating Member or Resigning Manager	
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SECRETARY OF STATE

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)