## M6466666 1557

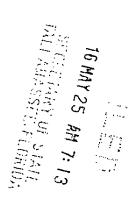
(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nar	me)		
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## **COVER LETTER**

-	ision of	Corporations		
SUBJECT:	Escap	es Travel Choices, L	LC	
be bolle 1.		(Name of For	eign Limited Liability	y Company)
Dear Sir or N	Madam:			
The enclosed	d withdra	wal and fee(s) are submitte	d for filing.	
Please return	all corre	espondence concerning this	matter to the following	ng:
Miriam D	ay			
		(Name of Person)		_
Zealandia	a Holdi	ng Company, Legal I	Department	
		(Firm/Company)		_
1 Vance	Gap R	oad		
		(Address)		_
Asheville	, NC 2	8805		
		(City/State and Zip Cod	e)	_
For further i	nformati	on concerning this matter, p	lease call:	
Miriam D	ay, cor	porate paralegal	828 at (	348-2505 x4312
	(Na	me of Person)		& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is	a check	for the following amount:		
\$25 Filing	g Fee	☐ S30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	<ul><li>\$60 Filing Fee,</li><li>Certificate of Status &amp;</li><li>Certified Copy</li></ul>

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Escapes Travel Choices, LLC		
(Name of limited liability company)		_
Arkanasas		
(Jurisdiction of its organization)		
April 19, 2004		
(Date registered with Florida Department of State)		_
M0400001557		
(Florida Document Number)		_
This limited liability company is withdrawing its certificate of authority in this state.		
m en	16 MAY 2	
(Signature of authorized representative)		
Beth Everett, Secretary	, e <b>2</b>	
(Typed or printed name of signee)	7:13	Zirekung 

Filing Fee: \$25.00