## M08000003118

(Re	equestor's Name)	
(Ac	idress)	
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TAIL AHASSEE, FLORIDA

J. BRYAN

JUL 19 2012

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of C	Corporations			
SUBJECT: Trav	el Leasing, LLC			
	(Name of Fore	eign Limited Liability Co	ompany)	<del></del>
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitte	d for filing.		
Please return all corre	spondence concerning this	matter to the following:		
Judy Hasse				
	(Name of Person)			
Travel Leaders	Group, LLC		;	MIR JUL 18 AM 10: 47 SECRETARY OF STATE
	(Firm/Company)			
				\$56 B
3033 Campus [	Orive, Suite W320			F.F.S.
	(Address)			S2.4
Plymouth, MN 5	55441			実のコ
	(City/State and Zip Cod	e)		
For further information	on concerning this matter, p	lease call:		
Judy Hasse		at (763)	744-3735	<del>,</del>
(Na	me of Person)	(Area Code & I	Daytime Telephone Number)	
Registration Division of Clifton Built 2661 Execut	Corporations	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, Florida 32314	
Enclosed is a check	for the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	2

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Travel Leasing Company (Name of limited liability company)
Minnesota
(Jurisdiction of its organization)
M 08 00000 3/18
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
Travel Leaders Group, LLC, Attn: Judy Hasse
(Mailing address)
3033 Campus Drive, Suite W320; Plymouth, MN 55441 (City/State/Zip)
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
(Signature of member or authorized representative of a member)  Robert S. Brill, Member, SVP and General Counsel
(Typed or printed name of signee)  SSEV OF STATE  ORDER  TO STATE  TO STATE

Filing Fee: \$25.00