## M/4000002603

| (Re                                    | equestor's Name)   | - <del></del> |  |
|--|--------------------|---------------|--|
| (Ac                                    | ddress)            |               |  |
| (A                                     | d dans a           |               |  |
| (AC                                    | ddress)            |               |  |
| (Ci                                    | ty/State/Zip/Phone | e #)          |  |
| PICK-UP                                | ☐ WAIT             | MAIL          |  |
| (Bu                                    | usiness Entity Nar | me)           |  |
|  |                    |               |  |
| (Do                                    | ocument Number)    |               |  |
| Certified Copies                       | Certificates       | s of Status   |  |
| Special Instructions to Filing Officer |                    |               |  |
|  |                    |               |  |
|  |                    |               |  |
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Office Use Only



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## COVER LETTER

| Division                 | of Corporations                              |                                 |   |
|--------------------------|--|---------------------------------|---|
| SUBJECT:                 | The Upride                                   | Travel Con                      | pany LLL  |
|                          | (Name of F                                   | oreign Limited Liability        | y Company)  |
| Dear Sir or Madan        | 1;   |                                 |   |
| The enclosed with        | frawal and fee(s) are submit                 | ted for filing.                 |   |
| Please return all co     | rrespondence concerning th                   | is matter to the followin       | g:  |
|                          | John Reed                                    | (                               |   |
|                          | (Name of Person)                             |                                 | _   |
| The Upsi                 | le Travel Comp (Himm/Company)                | any, LLC                        | -   |
| 1602 (                   | ST, NW 2"                                    | ع الم                           | _   |
|                          | tou DC 2                                     |                                 |   |
| 'er turther informa      | tion concerning this matter,                 | بالمد مسال                      |   |
|                          |  |                                 |   |
| J.                       | hu Reed                                      | al. 301                         | 455-2051  |
| 15                       | (ante of Person)                             | (Area Code &                    | 2 Daytine Telephone Number)                               |
| STREET/                  | COURIER ADDRESS:                             | MAII                            | LING ADDRESS:   |
| Registratio              |  | Registration Section            |   |
|                          | Corporations                                 | Division of Corporations        |   |
| Clifton Sm               | itting<br>ative Center Circle                | P.O. Box 6327                   |   |
|                          | 2. Florida 32301                             | t alfai                         | nassee, Florida 32314                                     |
| Inclosed is a check      | for the following amount:                    | }                               |   |
| <b>Q\$</b> 25 Filing Fee | ☐ \$30 Filing Fee &<br>Certificate of Status | S55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Tric Upside Travel Cornauny, ICC (Name of limited liability company)

| Delaware  |                                   |
|---|-----------------------------------|
| (Jurisdiction of its organization)  |                                   |
| 312912016   |                                   |
| (Date registered with Florida Department of State)  |                                   |
| MIG00000a603  |                                   |
| (Ftorida Document Number)   | ± ++                              |
| This limited liability company is withdrawing its certificate of authority in this state. |                                   |
|   |                                   |
| (Signature of authorized representative)  |                                   |
| (Typed or printed name of signee)   |                                   |
| (Typed or printed name of signee)   |                                   |
|   |                                   |
| Filing Fee: \$25.00   | 17 FEB 2<br>SECRETAL<br>TALLAHASS |
| Dinto 10 (2 2014 Wolm on Constitues   | AH 7:                             |