## P9600012045

(Requestor's Name)		
(Address)		
(Address)		
(/ 13	u.coo,	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
<b>(</b>	<b>-,</b>	·· <b>-</b> ,
(5)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to I	Filing Officer:	
Opecial instructions to	ming Officer.	





500267303795

12/12/14--01001--021 \*\*87.50

SLUIGLARY OF STATE
DIVISION OF CORPORATIONS

12/17/14

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Tourism Solutions, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P9600012045</u>
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joel Grossman (Name of Person)
Tourism Solutions, Inc. (Name of Firm/Company)
1010 Seminale Drive - Apl. 601
Fort landerdale FL 33304 (City/State and Zip Code)
For further information concerning this matter, please call:
Joel Grossman at (954) 850-5060 (Name of Person) at (954) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1 7 to 1

14 DEC 12 AM 8: 39

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Alisa B. Farber (Name of Registered Agent)
hereby resigns as Registered Agent for Tourism Solutions, Inc (Name of Corporation)
<u>P9600012045</u> (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)
If signing on behalf of an entity:
Alisa B. Farber (Typed or Printed Name)
VP + Director (Capacity)

Fee for filing this document: \$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314