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**EXAMINER** 

09 DEC 22 PM 4: 58

## **COVER LETTER**

Registration Section TO: **Division of Corporations** 

SUBJECT: Green Coast Villas Reservation Services, LLC (Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:				
Kimberly D. Garner				
(Contact Person)				
Green Coast Villas Reservation Services, LLC				
(Firm/Company)				
1700 Summit Lake Drive				
(Address)				
Tallahassee, FL 32317				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Kimberly D. Garner	<sub>at (</sub> 850 <sub>)</sub> 219-5221			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			

P.O. Box 6327

Tallahassec, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it		
of State is:	oreen coast villas	Reservation Serv	ices, LLC.
	ility company was organized t	ander the laws of:	
	ument/registration number of t があるしるる	-	-
	, , , , , , , , , , , , , , , , , , , ,	·	manager
4. 1, Russell	S. Doster	, hereby resign as a _	member
(Frint N	ame of Person Resigning)		(Print Title)
of this limited lial	bility company and affirm the	limited liability compan	y has been notified of my
resignation in wr			
Signature of Resi	gning Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	• • •		