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(Re	questor's Name)			
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SECRETARY OF STATE

MAY 2 6 2016

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations					
SUBJECT: First Choice Vacation Ren	ntals LLC				
(Name of Limited Liability Company)					
The enclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.			
Please return all correspondence concerning	ng this matter to	:			
Donna M. Kelley					
(Contact Person)					
First Choice Vacation Rentals LLC					
(Firm/Company)					
503 Tumberry Lane		_			
(Address)					
St. Augustine, FI 32080					
(City/State and Zip Code)					
For further information concerning this ma	atter, please call	:			
Donna Kelley	904 at (814-7118			
(Name of Contact Person)		le & Daytime Telephone Number)			
Enclosed please find a check made payable		•			
■ \$25 Filing Fee	u JJJ FHIII	g Fee & Certified Copy			
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle		Tallahassee, Florida 32314			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as Choice Vacation Rentals	- •	of the Florida D	epartment
	ument/registration number a	ssigned to this limited liab	ility company is	;;
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	sign is:	116
4. I, Keith Kelley	sign as a			
Member	Came of Person Resigning)			
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the	ne limited liability compan	y has been notif	ĭed of my
Signature of Di	ssociating Member or Resig	ning Manager		
	\$25.00 (Required) \$30.00 (Optional)		MIN HY 23 A SECRETARY OF	