

L 22000084840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

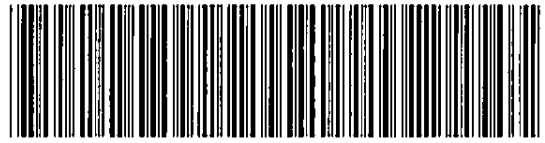
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOLIDAYS TRAVEL CLUB, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000084840

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIANCA CORREA  
Name of Person

GLOBALFY BUSINESS SERVICES, LLC  
Name of Firm/Company

7345 W SAND LAKE RD SUITE 210  
Address

ORLANDO, FL 32819  
City/State and Zip Code

DOCS@GLOBALFY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BIANCA CORREA at ( 866 ) 4282030  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

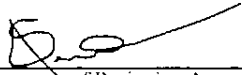
GLOBALFY BUSINESS SERVICES, LLC  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for HOLIDAYS TRAVEL CLUB, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L22000084840  
\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

EVA PALATINSKY  
\_\_\_\_\_  
Typed or Printed Name  
MANAGER  
\_\_\_\_\_  
Capacity

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**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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