## K97565

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
,		

Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Wellington Resort Manage	ement, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: K97565	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
Robert L. Sirianni, Jr.	•
(Name of Person)	
Brownstone, P.A.	
(Name of Firm/Company	
400 N. New York Ave., Suite 215	
(Address)	
Winter Park, FL 32789	
(City/State and Zip Code	)
For further information concerning this m	atter, please call:
Robert L. Sirianni, Jr.	at (407) 388-1900 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Amendment Section Ame Division of Corporations Divi Clifton Building Post	ling Address: endment Section sion of Corporations Office Box 6327 ahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Thomas Niles	, hereby resign as	Officer and Director
	,, ,	(Title)
of_Wellington Resort Manageme	ent, Inc.	
(Nam	e of Corporation)	
K97565	, a corporation organized un	der the laws of the State of
(Document Number, if known)		
Florida		
	·•	
	-1	1 1 0
1	L- 41.0	12/8/09
	(Signature of resigning officer/direct	$\frac{1}{1}$
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		<b>一 6 元</b>
	FILING FEE IS \$35.00	28 PM SSEE, FLC
		ATE OS
Maka ahaala wasahi	- 4- TM	Δ-11 Of

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: