## L0200022161

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
·			
(Business Entity Name)			
(Sasinose Entry Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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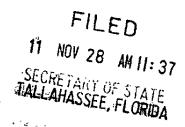
11 NOV 28 AM II: 3
ECRETARY OF STATE

## COVER LETTER

Division of Corporations	
SUBJECT: City Sites Vacations LLC	
	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Theodore F. Bruno	
(Contact Person)	
City Sites Vacations LLC	
(Firm/Company)	
4370 Costa Mesa	
(Address)	
Pensacola, FL 32504	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Theodore F Bruno at	( 850 ) 477-5885
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





## 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 y Sites Vacations LLC	it appears on the records of the	e Florida Department
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc L0200002	_	this limited liability company	is:
4. I. Timothy K	incaid	, hereby resign as a MGI	RM
	iame of Person Resigning)	,b, 102.B.:	(Print Title)
resignation in w		lember or Manager	been notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		