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(Requ	uestor's Name)				
(Addı	ess)					
nbbA)	ess)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Busi	ness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Fi	ling Officer:					

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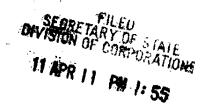
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	CCT: WorldQuest Resort Partn		
The end	closed member, managing member or ma	nager resi	gnation and fee(s) are submitted for
Please i	return all correspondence concerning this	s matter to:	:
Antho	ony Ruben		
	(Contact Person)		_
1	(Firm/Company)	<u></u>	
504 5	Springcreek Dr.,		_
	(Address)		
Long	wood, FL 32779		_
	(City/State and Zip Code)		
För furt	ther information concerning this matter, p	olease call:	
Antho	ny Ruben at	\ 	927-0196
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclose	ed please find a check made payable to the		Department of State for: \$55 Filing Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
	ation Section		Registration Section
	n of Corporations Building		Division of Corporations P.O. Box 6327
2661 E	secutive Center Circle ssee, Florida 32301		Tallahassee, Florida 32314
 CR2E079			





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1.			ited liability compan Quest Resort P			ecords of th	ne Florida Dep	eartment
2.	This li		company was organ	nized und	der the laws of: 	:		
3.	4	orida docume 00004135	nt/registration numb	er of this	s limited liabili	ty company	y is:	
4.	I. Stu	iart Kinney	of Person Resigning)	 	_, hereby resig	n as a Ma	nager (Print Title)	
o	f this lesigna	imited liabilit	y company and affire	m the lin	nited liability c	ompany ha	s been notified	d of my
	_	_	ng Member. Managir	ng Mem	ber or Manager	r		
Fil Ce	ing Fe	e: S Copy: S	\$25.00 (Required) \$30.00 (Optional)	,				
CR.	2E079 (5/06)						